# Medical Economics

FUBLISHED EVERY OTHER MONDAY . ISSUE OF JAMUARY 20, 194

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WE SOLVED OUR SURGICAL-PRIVILEGES PROBLEM

- DISABILITY INSURANCE: KNOW YOUR RIGHTS?

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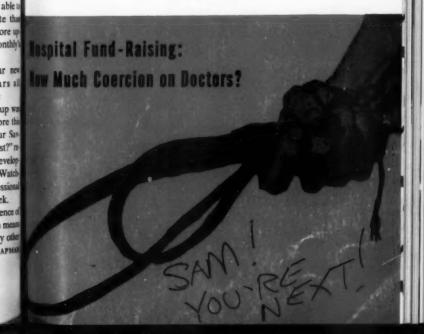
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FEES FOR HOUSE CALLS

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1. Nulsen, R. O.: Ohio State M. J. 53:665, 1957. 2. Clinical communications, 1956-57.

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TRADEMARK: BENDECTING

## **Medical Economics**

NEWS BRIEFS

BLUE CROSS IN THE RED in several Eastern states.
But proposed rate rises are running into strong opposition. Compromise solution taking shape:
Let Blue Cross dip deeper into its reserves, get along with only token rate rises—or none.

STAFF DOCTORS CONTRIBUTE an average of \$1,412 apiece in hospital fund-raising drives, according to a new study by Will, Folsom & Smith, Inc.

SOCIAL SECURITY LEGISLATION isn't on the agenda of the House Ways and Means Committee at present. "But it's an election year," backers of Social Security for self-employed M.D.s point out. In each of the past four election years, Congress has liberalized the Social Security Act.

TYPICAL G.P. has held the line on fees since 1952. He still charges \$3 for office visits, \$5 for daytime house calls. Only his night calls cost more: \$6 to \$8, depending on time of night.

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#### NEWS BRIEFS

STATE TAXES take the biggest bite out of doctors' earnings in Vt., Minn., and Ky.; the smallest bite in N.J., Tex., and Neb.

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SMALL SHAKE-UP at A.M.A. headquarters stems from management consultants' findings: some overstaffing, some underpaying, some overburdening of top executives. Details in next issue.

M.D.s has passed its stiffest test: Its suspension of one doctor's license because of income tax evasion has been upheld by the state's Supreme Court. Now that the board has teeth, insiders expect it to clamp down often.

SHOULD BLUE SHIELD PAY MORE to specialists than to G.P.s for similar services? Most specialists in Michigan say "Yes—at least 10% more." But most G.P.s there say "Ne"—and they've got the weight of numbers to make it stick.

GOOD MEDICINE, GOOD BUSINESS: Pharmaceutical firms are now plowing back more than 7% of sales revenues into drug research and development.

WHAT AUTOPSY RATE for accreditation? At least 25% in teaching hospitals, 20% in nonteaching institutions, says the Joint Commission.

TAX RELIEF ON RETIREMENT SAVINGS comes up for debate this week before the House Ways and Means Committee. Opponents are saving: "We can't afford to reduce taxes for anyone right now." Proponents can counter this, Rep. Eugene J. Keogh (D., N.Y.) advises, by pointing out: "We're not asking for a tax reduction. We're asking for the removal of an inequity that operates against 10.000,000 self-employed."

SICK PAY seems to bring on sickness: In British industries where wages are continued during illness, the sickness rate is twice as high as in all other British industries.

JOKER IN THE FORAND BILL: H.R. 9467 would provide Federally financed hospital and surgical care for 10,568,000 persons now receiving Social Security benefits-and also for all others old enough for such benefits but not getting them because they're earning too much. Why free hospitalization and surgery for this second big group? "We don't want to give people an incentive to leave the work force, " Rep. Aime J. Forand (D., R.I.) tells this magazine.

#### NEWS BRIEFS

COLLEGE COSTS STILL CLIMBING— ditto the pressure on Congress to give parents a better tax break. Proposal being considered this month:

Let taxpayers take two \$600 exemptions for every dependent they're putting through college.

MEDICARE FEES are being renegotiated one state at a time, beginning this month. At least one-quarter of all state medical societies will ask the Government for indemnity contracts so that doctors won't be compelled to accept Medicare fees as payment in full for military dependents.

MALPRACTICE LAWYERS have been winning many cases against M.D.s by holding that "a poor result speaks for itself." They got greatest encouragement when a San Francisco jury awarded \$250,-000 to a paralyzed patient on the strength of this doctrine. But now the judgment has been reversed—and the doctrine sensibly limited. Details on p. 80.

SCALED-UP SURGICAL FEES are ruining major medical expense insurance, some underwriters warn. Recent examples among their policyholders: (1) a man earning \$60 a week was charged \$1,500 for a gastrectomy; (2) a man earning \$50 a week was charged \$2,500 for an arm amputation; (3) a woman was charged \$1,200 for a D & C.

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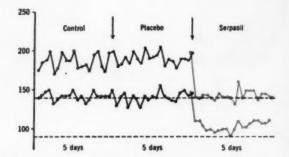


Chart shows actual response to Serpasil in a patient with benign essential hypertension (data on request). Consider Serpasil (reserpine CIBA) (1) alone to lower blood pressure gradually and safely in most cases of mild to moderate hypertension; (2) as a primer in severe hypertension before more potent drugs are introduced; (3) as a background agent in all grades of hypertension to permit lower dosage and thus minimize side effects of other antihypertensives. C I B A

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""PREMARIN" INTRAVENOUS has been used effectively to control spontaneous bleeding, postoperative hemorrhage, and to help minimize blood loss during surgery.

" Only one injection of "PREMARIN" INTRAVENOUS was required for rapid hemostasis in practically all cases of hemorrhage following tonsillectomy or adenoidectomy.1.2

\*\*\* Some 400,000 injections of "PREMARIN" INTRAVENOUS have been made to without a single report of toxicity or production of thrombi.

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Ayerst Laboratories New York, N. Y. . Montreal, Canada

the physiologic hemostat H. C.: J.A.M.A. 159:546 (Oct. 8) 1955.

and unpublished case reports.

# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, IAN. 20, 1958

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Which doctors get the highest fees for house calls and which the lowest? Here are figures from every area of the nation	
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They don't depend entirely on what your policy says. You can sometimes get payments even if still able to work	
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A paralyzed patient won a \$250,000 jury award against a noted vascular surgeon and a university hospital. Now the judgment has been reversed. Here's what the new decision means to you	
Hospital Fund-Raising: How Much Coercion?	88
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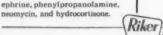
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Combines actions of phenyl-

neomycin, and hydrocortisone.



They want payments for more services, including those rendered by surgical assistants and M.Ddiagnosticians, this study shows
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THERE'S A LILLY VITAMIN FOR **EVERY** NEED

WHEN POTENCY COUNTS MOST

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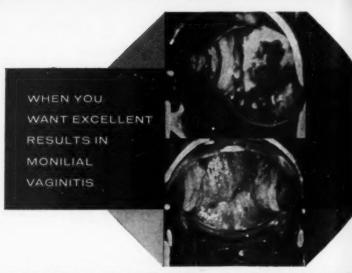
(Pan-Vitamins, Therapeutic, Lilly)

aids in the rehabilitation of severely ill or injured patients

Lilly
OUALITY MESERACH INTEGRITY



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The two the doctor drank before dinner were mild and harmless. Yet how easily a jury could be made to think otherwise!
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#### MYCOSTATIN VAGINAL TABLETS Squibb Nystaff

RESULTS: "Of 96 patients with records suitable for tabulation, 85 had from good to excellent results."

In a group of 13 pregnant and 12 nonpregnant clinic patients "all patients were rapidly relieved of their symptoms, within 24 hours in most cases.... The writer has seldom been so rapidly convinced of the value of a new therapeutic agent." 2

Mycostatin is the safe, highly effective antifungal antibiotic . . . with direct, specific action against monilia. When you use Mycostatin Vaginal Tablets for your patients with monilial vaginitis, your therapy can be 98.3% successful. 3 And your treatment will be clean—without messiness or staining—a point your patients will appreciate.

Each tablet contains 100,000 units of Mycostatin and 0.95 Gm. lactose. Packages of 15 with applicator; packages of 100 without applicator. Each tablet individually foil wrapped.

Therapy: 1 tablet intravaginally once to twice daily for 2 weeks, or as required. You can also use Mycostatin Oral Tablets; Mycostatin Ointment; Mycostatin Dusting Powder; Mycostatin for Suspension.

Thomas, H. H.: Obstet. & Gynec. 9:163, 1957. 2. Browne, A. D. H.: J. Irish M.A. 40:86, 1957.
 Pace, H. R., and Schantz, S. I.: J.A.M.A. 162:268, 1956.

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EDITORIAL DIRECTOR William Alan Richardson ASSISTANT TO THE **EDITORIAL DIRECTOR** Eleanor B. Dowling

CONTRIBUTING **EDITOR** H. A. Davidson, M.D.

EDITOR R. Cragin Lewis

**ADMINISTRATIVE EDITOR** Richard L. Kraybill EDITORIAL CONTRIBUTORS

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**EDITORIAL** ASSOCIATES Pearl Barland J. E. Eichenlaub, M.D. Helen C. Milius Claron Oakley Edwin N. Perrin R. W. Tucker

ROVING EDITOR Lois R. Chevalier Robert L. Brenner Jean E. Fitzpatrick

ART DIRECTOR Joseph Coleman

ASSOCIATE EDITORS Lois Hoffman William N. Jeffers Arthur M. Owens Thomas J. Owens Hugh C. Sherwood Clifford F. Taylor

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**EDITORIAL** ASSISTANTS Gisela Farber Elizabeth N. Otto Nancy J. Wall

ART ASSOCIATES Elizabeth F. Bullis Jane Theberge Joan Torbert





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SALES MANAGERS Douglas B. Stearns Phillips T. Stearns

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#### ... use the new transistorized Sanborn Model 300 Visette electrocardiograph for 15 days . . . without cost or obligation





The more-than-usual interest shown by doctors in the new Sanborn Model 300 Visette electrocardiograph is understandable: the Visette is the only instrument in history to provide clinical accuracy in such a small, lightweight form. And because it is so new, Sanborn Company expects that you, like many doctors, may want to "know more about it" before making a definite decision to buy a Visette for your own practice. You have that opportunity, by taking advantage of the Sanborn Company exclusive — and long-practiced — 15-day Trial Plan.

In this way, doctor, you can use a new Visette in your office, on house and hospital calls, wherever you wish a 'cardiogram. to be run - just as your practice actually demands. You have two weeks to thoroughly acquaint yourself with every feature of Visette operation and performance — to let the Visette prove itself in actual use. If you like, you can send Sanborn Company a specimen record made on your Visette, should any technical questions arise concerning the instrument's use.

Sanborn Company believes this is the best way - by proof in practice - to convey the true value of the Visette's compactness, complete portability and fine-instrument accuracy of performance. Take the 15 days, doctor—simply address "Inquiry Director, Medical Division" for full details of the No-Obligation Trial Plan.

The Model 51 Viso-Cardiette electrocardiograph - long a familiar instrument in heart practices throughout the world - is available as always, for those who prefer a larger, heavier instrument. Price \$785 del.

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Richmond 20, Virginia

For comprehensive digestive enzyme replacement-

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# You can now give high (40-50 gr./day) aspirin dosage to your arthritis patients without risking gastric upset

"When treated with plain aspirin...all the patients suffered from gastric upsets and 30 of them complained of insufficient analgesia."

When treated with 'Ecotrin', "41 of the patients (97%) noted satisfactory relief of pain and a complete absence of gastric disturbances."

Introcaso, A.A.: Clin. Med. 4:849 (July) 1957.

## Ecotrin\*

S.K.F.'s Duentric†-coated aspirin, for high aspirin dosage without gastric upset 5 gr. tablets, bottles of 100 Fee Sirs Dr. 1 Boar

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Smith Kline & French Laboratories, Philadelphia

\*T.M. Reg. U.S. Pat. Off. †Trademark

## Letters

#### Fees for Residents?

SIRS: A recent News item quotes Dr. I. S. Ravdin, chairman of the Board of Regents of the American College of Surgeons, as saying he's opposed to Blue Shield's general policy of refusing to pay residents and other trainees for surgical services. He reportedly thinks this rule reflects "irrational thinking" that must be discarded.

Is Dr. Ravdin aware of the legal—as well as the ethical—problems involved? Many hospital residents are non-citizens who aren't licensed to practice in any state or territory. Even if they were, it seems to me that those who pay for surgical services have a right to a basic American freedom: the freedom to select one's own doctor.

The only "irrational thinking" relative to surgical training that I'm aware of is being done by some of our professional bureaucrats. Their idea of training is to place surgical instruments in the hands of residents and, with little or no

supervision, permit them to "perfect their techniques" on all patients who enter teaching hospitals for surgery.

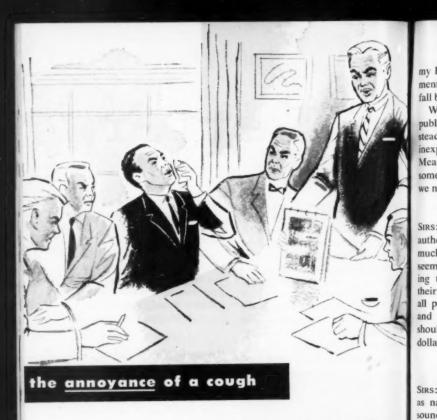
After thirty years as a teacher of surgery, my own observation is that the preceptor principle of surgical training is still—and always will be—the only sound one.

J. William Thompson, M.D. St. Louis, Mo.

#### 'Income Tax Evader'

SIRS: No one can fully appreciate the poignancy of your recent article "They've Called Me an Income Tax Evader" unless it has happened to him. My husband was so labeled by the Internal Revenue Service just five days ago. A death sentence couldn't have made us feel worse.

In no way did we try to defraud the Government; and to be accused of fraud seems more than we can bear. In addition to the shame, we've been told we owe taxes, fines, and penalties for 1951 through 1953 totaling nearly \$8,000. And



 a disadvantage to the worker, a disturbance to his associates

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loosens coughs and soothes irritation; non-narcotic; does not upset the stomach.

#### CLISTIN EXPECTORANT

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- ... antihistaminic
- ... expectorant

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#### LETTERS

my husband, at 59, has no investments or retirement insurance to fall back on.

We've decided not to face the publicity in our home town. Instead, we're going to move to an inexpensive house somewhere else. Meanwhile, your article has been some small comfort to us. At least we now know we're not alone.

Doctor's Wife, Florida

SIRS: ... Since Dr. Dufek, the author of your article, has given so much of himself to his patients, it seems to me *they* ought to be willing to help *him* now by paying their bills. Why doesn't he write to all patients who owe him money and tell them his story? That should bring in several thousand dollars.

Zelda Kratka Wilmington, Del.

SIRS: ... Dr. Dufek's story sounds as naive to me as it must have sounded to the Internal Revenue men. One needn't hire a bookkeeper to keep records that satisfy the Government. Here's a plan any doctor can follow on his own:

1. He can establish two bank accounts labeled, respectively, "office" and "personal."

 At the end of each working day, he can total all receipts, whether in cash or checks, and deposit them in the office account.

3. He can pay all office expenses, no matter how small, with thecks labeled "office account":



while the patient sleeps

# agoral

vanilla-flavored laxative

works gently
to produce a normal
bowel movement
in the morning.

Dosage: One tablespoonful at bedtime

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similarly, he can label checks for household expenses "personal."

- Once a week, he can transfer a predetermined sum of money from the office account to the personal account.
- 5. At the end of each fiscal year, he can total office-account deposits and office-expense check stubs; and he can subtract the second total from the first. This will give him an acceptable income figure.

Eugene A. Field, M.D.
Providence, R.I.

'Winterize' Your Bag?

SIRS: Here's a useful tip for the winter months:

I used to have trouble keeping

the liquids in my bag from freezing. Now I solve the problem with a pocket-size hand-warmer of a type that can be bought in any sporting-goods store. You merely fill the warmer with naphtha or unleaded gasoline. When ignited, this produces flameless heat. And the gadget stays warm for about twenty-four hours without refueling.

Durand Benjamin, M.D. St. Louis, Mo. sive

#### Labor vs. Medicine

SIRS: Congratulations to Wallace Croatman for his article "Is Labor Through With Private Medicine?" I hope the leaders of organized medicine will heed the implications

effective, nonirritating

topical fungicide

(25% Triocetin in a water-miscible aintment base)

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\*Johnson and Tuura: Glyceryl Triacetate (Triacetin) as a Fungicide, Archives of Dermatology, July 1956.

"All [hypertensive] patients except those with severe rapidly progressive hypertension should be started on a Rauwolfia preparation . . . ."

Moyer, J.H., et al.: Hypertension: Pharmacodynamics of Therapy, Scientific Section of 105th Meeting of A.M.A., Chicago, Ill., June 11-15, 1956.

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MEDICAL ECONOMICS · JANUARY 20, 1958 21

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Enovid is Searle's new, orally effective agent designed to provide specific control of menstrual disorders.

Enovid contains norethynodrel, a new synthetic steroid with strong progestational and lesser estrogenic activity. The estrogenic effect, enhanced by the addition of ethynylestradiol 3-methyl ether, prevents spotting or breakthrough bleeding in most patients in whom it would otherwise occur.

Like the normal endocrine action of the corpus luteum, Enovid maintains the integrity of the endometrium during administration of the drug. Moreover, as occurs on withdrawal of the natural hormone, the withdrawal of Enovid results in the flow characteristic of menstruation. Also, as does the natural hormone, Enovid controls the gonadotropic functions of the anterior pituitary glands.

This specific control of the menstrual cycle permits effective treatment of both excessive and inadequate endometrial activity and provides a dependable agent for treating such disorders as amenorhea, dysmenorrhea, menorrhagia, metrorrhagia and premenstrual tension.

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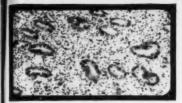
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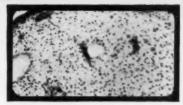
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Pretreatment biopsy from patient with anovulatory menometrorrhagia.

Interpretation: Proliferative endometrium.



Post-treatment biopsy on day 25 after 10 mg. of Enovid daily from day 5 to day 20.

Interpretation: Late secretory endometrium with pseudodecidual stromal development.

Pretreatment biopsy of endometrium in anovulatory menometrorrhagia.
Interpretation: Proliferative endometrium.

Post-treatment biopsy (second treated cycle) on day 19 after 5 mg, of Enovid daily from day 5 to day 19. Interpretation: Early secretory endometrium with slight pseudodecicual reaction.

INDICATIONS A	AND DOSAGE GUIDE FOR ENOVID		
DISORDER	FIRST CYCLE	SECOND AND THIRD CONSECUTIVE CYCLES  One 10-mg, tablet daily from day 5 to day 25*  same as above	
Menorrhagia	One or two 10-mg, tablets daily to day 25 of the cycle		
Metrorrhagia	One or two 10-mg, tablets daily to day 25 (or for 10 days to establish cycle)		
Amenorrhea (primary or secondary)	One 10-mg, tablet daily for 20 days to establish cycle	same as above	
Oligomenorrhea	One 10-mg, tablet daily from day 5 to day 25*	same as above	
Premenstrual Tension	One 10-mg, tablet daily from day 5 to day 25*	same as above	
Dysmenorrhea	One 10-mg, tablet daily from day 5 to day 25	One 10-mg, tablet daily from day 5 to day 25	
Inadequate Luteal Phase	One 10-mg, tablet daily from day 15 to day 25	One 10-mg, tablet daily from day 15 to day 25	

The administration of Enovid prior to day 15 may interfere with ovulation; if anoxulatory cycles are not desired, one long, tablet of Enovid should be administered daily from by 15.to day 25.

SPECIAL NOTES: (1) If nausea is encountered, the daily tase may be cut in half or given in divided doses for three tays and then return to regular dose.

a Intermenstrual spotting is usually evidence of inadequate fisage. This type of bleeding is usually controlled by increasing the dosage one 10-mg. tablet daily. (3) Following discontinuance of treatment, the intermenstrual interval of the first

untreated cycle is commonly prolonged for approximately one week.

FORMULA: Each 10-mg, tablet of Enovid (available as uncoated, scored, coral tablets) contains norethynodrel, a new synthetic steroid, with 0.15 mg. of ethynylestradiol 3-methyl ether.

Biopsy photomicrographs courtesy of Anna L. Southam, M.D., New York, N. Y.

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Research in the Service of Medicine

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orneof this lucid and informative piece.

Up to now, complete lethargy has reigned in medical circles-as shown so recently by the A.M.A.'s watered-down "Guide for Physicians" in their dealings with the United Mine Workers. Not to mention the reluctance of most medical societies to take any action to stem the U.M.W.'s encroachments on private medicine.

In my region, which is dominated economically and politically by the U.M.W., the answer to Mr. Croatman's question is: "Not quite, but nearly." Many physicians are throwing away their own freedom and that of their colleagues in favor of the forty-hour week, adequate salaries, and fringe benefits that unions offer them.

What about those of us who cling to private practice? If we haven't already been cut off U.M.W. "approved" lists, we're slowly being stifled by union-inflicted limitations on fees and periods of hospitalization . . .

Unless physicians everywhere heed your warning promptly, private enterprise in medical practice will be lost by default.

M.D., West Virginia

SIRS: ... Too many members of our profession have refused to believe what you report in the article. We can preserve the private practice of medicine-but only if physicians realize the impending threat of pressure groups and start to service prepayment plans as written. Wilfrid Haughey, M.D.

Battle Creek, Mich.

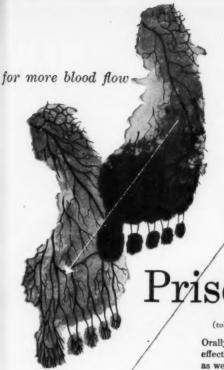
#### Profits From Land

Sigs: The author of "An Investment Pattern for Today's Doctor" writes off real estate as "a highly specialized kind of investment." He explains that "it requires timeconsuming preliminary investigation, plus constant attention and management." This statement doesn't square my experience.

I've successfullly invested in Southern California real estate for many years. It is, to be sure, a more dangerous market for the amateur or part-time investor. Yet my investments have netted me as high as 30 per cent annually-and an assured 10 per cent. Moreover, "time-consuming preliminary investigation" and "constant attention and management" have been entirely eliminated.

How? Through the medium or a reputable investment house, which not only surveys the market but also handles all servicing-including collection of principal and interest-at no cost to the investor. This plan minimizes any possible risks. It also provides for either capital growth or income in monthly payments.

Nathan H. Cherwin, M.D. Los Angeles, Calif. END



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"... excellent results [were obtained] with tetracycline in the treatment of pneumococcic and hemolytic streptococcic infections.... Adverse symptoms, mainly gastrointestinal, due to the administration of tetracycline, were minimal."

 Wood, W. S.; Kipnis, G. P.; Spies, H. W.; Dowling, H. F.; Lepper, M. H., and Jackson, G. F.: A.M.A. Arch. Int. Med. 94:351 (Sept.) 1954.

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## News

#### Why Should Relief Funds Help Support Doctors?'

In a public potshot at doctors his third since taking office—Kansas Governor George Docking re-

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cently told the state's physicians they ought to "spend one day a week taking care of public [welfare clients'] needs." Why, he asked rhetorically, should state relief funds be spent to help

support doctors who've been eduated at the state's expense—and who make plenty of money anyway?

The Governor added that he didn't expect his blast to go unasswered. "When you get a tight mion such as the A.M.A. or the leamsters . . . it's hard to buck," he remarked.

He got what he expected. Replied Dr. Barrett A. Nelson,

president of the Kansas Medical Society: "Less than one-half the doctors in this state received their education at Kansas expense." And while only 100 doctors graduated from the University of Kansas last June, there were

"thousands of graduates in other fields" from state-supported schools. Asked Dr. Nelson: "What is [Governor Docking's] opinion of the obligation those business



Nelson

and professional persons may have to repay their education? Should they too pay . . . one-sixth of their gross income to the welfare client as the Governor is asking medicine to do?"

Concluded the doctor: "The vast majority of welfare health service is rendered at one-fourth usual charges and less . . . the doctors of Kansas hold themselves ready, willing, and eager, as they always

have, to render medical service unhesitatingly . . . regardless of likelihood of subsequent compensation . . . The Kansas Medical Society has twice officially requested audience with the Governor about health care for the indigent but has not been invited to [confer on the problem]."

#### Doctors Leaning Toward Standard Fees

In setting their fees, doctors nowadays attach the most weight to going rates in the community. They attach surprisingly little weight to such variables as their own skill and experience and their patient's financial status. These findings emerge from a state-wide "doctor opinion survey" conducted recently by the Michigan State Medical Society.

When asked to single out "the most important factor in the determination of a doctor's fees," some 63 per cent of the respondents cited "the usual fee in the community." Only 21 per cent cited the individual physician's "personal evaluation of his professional ability" as the best criterion for setting fees for various procedures.

The "economic potential of the patient" was cited by even fewer doctors: about 14 per cent. And only 3 per cent thought the doctor's "years of experience in prac-

tice" to be the most important factor in fee-setting.

The survey also reveals that the younger the doctor, the more likely he is to charge standard fees. Only 51 per cent of the respondents aged 55 or older said they give first consideration to the going rates in the community, as against a larger group including some 74 per cent of the men under 35.

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#### Slur on Physicians Halts Embezzlement Trial

The bizarre career of Mrs. Margaret Lydia Burton, who for years made doctors her special target, has taken another unlikely turn. Her trial in Decatur, Ga., on charges of embezzling almost \$187,000 from a local medical group was recently brought to an abrupt halt by a local minister's comments on the case.

The Rev. R. Frank Crawley of Decatur's First Methodist Church said from his pulpit that it didn't appear to him that Mrs. Burton was on trial. Rather, he declared, her physician employers appeared to be on trial for making so much money.

Mr. Crawley explained afterwards that his comment was "made in jest." But the congregation that Sunday included one of the jurors from the Burton trial. The next day, Judge Frank Guess

# A Matter of Ethics

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Respectfully,
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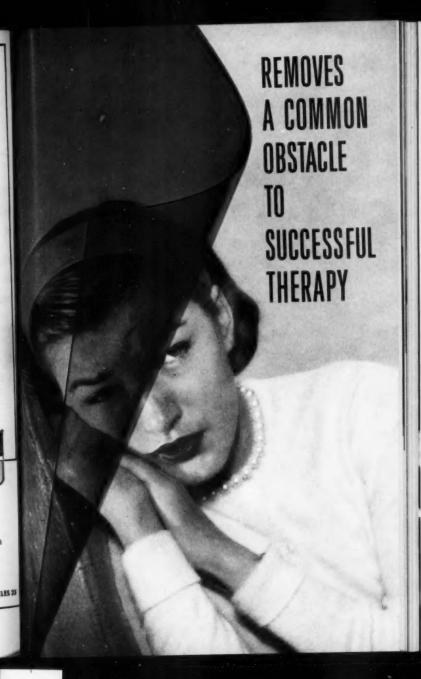
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**'Ultran'** quickly allays anxiety, and patients with premenstrual tension often improve. Many other clinical conditions are similarly benefited. Your therapy for the "whole patient" may be more effective when you include 'Ultran' in the regimen.

#### Effectiveness of ULTRAN in 4,860 patients

Diagnostic or Descriptive Category	Number of Patients Treated	Percentage of Patients Improved		
Premenstrual tension	77	86		
Insomnia or somnambulism	49	82		
Neurasthenia and neurocirculatory asthenia	105	75		
Emotional instability	55	75		
Menopause	475	74		
Anxiety states	2,719	72		
Pain (adjunct)	48	71		
Psychosomatic illnesses	380	71		
Alcoholism	109	71		
Tension headache	116	69		
Migraine headache	46	63		
Hysteria	68	63		
Psychoneurosis (type unspecified)	238	62		
Senile agitated states	46	61		
Reactive depression	238	57		
Schizophrenia	23	52		
Paralysis agitans	26	50		
Epilepsy	21	48		
Hypochondria	21	20		

Pulvules of 300 mg.; usually 1 t.i.d.

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declared a mistrial. The minister's statement was damaging to the traditional presumption that a defendant is innocent until proved guilty, the judge ruled. Another trial of Mrs. Burton's case will be held within a month or two, he announced.

Mrs. Burton drew national publicity last year when she fled Decatur-one jump ahead of the police-with two cars, a vanload of furniture, and fifty cocker spaniels.\* The same publicity has more recently focused on the earnings of the medical group she allegedly embezzled from. During the thirty-one months when she was the clinic's business manager, it expanded from two to seven doctors. Its gross earnings during that period, trial testimony has revealed, amounted to about \$1,000,-000.

#### Out-of-Date Hospitals May Need \$1,000,000,000

About half this country's hospitals need modernization, a sampling by the American Hospital Association indicates. Projected cost of their needed improvements: almost \$1,000,000,000. More than half that amount is needed for nonprofit hospitals, the A.H.A. says. The association reached these

conclusions by polling several thousand institutions. Of the 1,762 nonprofit hospitals that answered, 1,024 said they needed modernization. On the average, each one needed \$278,000 for this purpose.

A projection of these figures indicates a nation-wide total of 2,-042 nonprofit hospitals needing renovation. But there's a lot of regional variation. The A.H.A. reports that "New England, for example, with its large proportion of older hospitals, had 65 per cent of its reporting hospitals indicate a modernization need. The West South Central region, with many ... hospitals less than 10 years old. reported a 33 per cent . . . need."

#### G.P.s Predict There'll Be Less Surgery by G.P.s

The amount of surgery performed by G.P.s is diminishing and will keep on doing so. That's the consensus of leading generalists all over the country, as recently reported by the American Academy of General Practice.

The Academy's Commission on Hospitals polled several hundred national and state officers of the A.A.G.P., plus local commission members. They were queried, among other things, on the surgery G.P.s perform. For instance:

In your observation, they were asked in effect, what kind of surgery do the majority of G.P.s now

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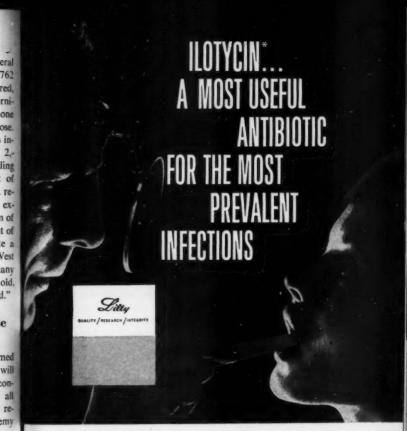
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<sup>\*</sup>See "Expert Embezzler Found in Doctors' Office,' MEDICAL ECONOMICS, November, 1957, Page 400.



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In addition to rapid clinical response, 'Ilotycin' provides the important advantages only a bactericidal antibiotic can give you. 'llotycin' effectively eliminates strep, carrier states, directly kills pathogens to prevent the emergence of resistant strains, and offers maximum assurance against spread of infection.

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do? Exactly 50 per cent said major surgery (including tonsillectomies); 73 per cent said minor surgery; 61 per cent said emer-

gency surgery.

¶ What about G.P.s who graduated after 1945? Only 26 per cent of the respondents believed the majority of these doctors now do major surgery. Some 67 per cent said they do minor surgery; 53 per cent said they do emergency surgery.

¶ What kind of surgery will most G.P.s do fifteen years from now? In reply, 27 per cent predicted the majority will still do major surgery; 56 per cent said they'll do minor surgery; and 48 per cent said they'll do emergency work.

#### Discrimination Worse in North, Says Negro M.D.

Medical practice is harder for the colored doctor in some parts of the North than in the deep South, according to a Negro medical leader who has practiced in both rural Mississippi and metropolitan Chicago.

Dr. T. R. M. Howard, a past president of the National Medical Association, recently told his colleagues: "In Chicago we have the most vicious cycle of race segregation and discrimination to be found anywhere in medicine." Of the city's seventy-six predominantly

white hospitals, "fewer than a dozen . . . give Negro physicians and surgeons staff privileges." And he added:

"The Negro physician in... Mississippi has more privileges in the hospitals constructed under the Hill-Burton Act than Negro physicians have in most of the city and county hospitals in the North."

As for the Negro patient: "Since being in Chicago, I have been made to pity the sick individual who lives in the city more than I pity those who live in the rural areas of Mississippi," said the doctor.

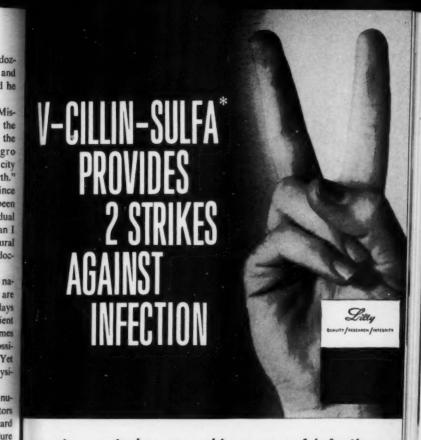
"In these rural areas of our nation, the few physicians who are there will go night or day, Sundays or holidays, to see the sick patient ... If a patient in Chicago becomes sick at night, it is almost impossible for him to get a doctor . . . Yet there are more than 8,000 physicians of all races in Chicago."

Who's to blame for the continuing difficulties of colored doctors and patients? In part, Dr. Howard blames the A.M.A .- for its failure "to take a firm unequivocal stand on the matter . . . I know and you know that if the A.M.A. decided today that these racial barriers must be removed, tomorrow the walls would come tumbling down."

But he also holds colleagues of his own race responsible: "Too many Negro doctors have not concerned themselves about this allgre V-C

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## greater control over a wider range of infections

V-Cillin-Sulfa' combines the superior oral penicillin and three sulfonamides. Used concurrently, they produce faster and more effective antibacterial action in certain infections. In general, the combination is most beneficial in mixed infections, infections due to bacteria only moderately susceptible to either agent, and conditions in which bacterial resistance might develop. The much higher

penicillin blood levels produced by 'V-Cillin' (Penicillin V, Lilly) and the effectiveness and safety of the triple sulfas make 'V-Cillin-Sulfa' your most valuable preparation of its type.

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Each tablet or 5-cc. teaspoonful provides 125 mg. (200,000 units) 'V-Cillin' plus 0.5 Gm, triple sulfas.

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## you can do your sterilizing blindfolded

When you merely set one dial, your sterilizing is so simple you can do it blindfolded. Sterilizing with a SpeedClave is that easy!

No other office autoclave offers you automatic heating, timing, and venting. Three features that free your nurse for other duties. To sterilize, she merely loads the SpeedClave, sets it . . . then forgets it.

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out fight for first-class citizenship for our people"—chiefly because "most of us are so financially secure ourselves . . Only in rare cases in this nation are Negro physicians leading the fight."

#### Doctors Warned Against Government Scrounging

Governmental agencies are engaging in "deliberate scrounging . . . upon the physician," according to an editorial in the Massachusetts Physician. It's talking about the way these agencies are handling disability claims under the Social Security Act.

People who file such claims are frequently told to go to the outpatient department of the nearest teaching hospital for examination. When they arrive, reports the Massachusetts Physician, they're "sent directly to staff members donating their time for teaching purposes."

These patients aren't used for teaching, the editorial adds. And they take up time that's supposed to be devoted to the acutely ill. Their problems "may call for evaluation by cardiologists, orthopedic surgeons, and other specialists." Sometimes these combined talents are employed "all for one patient."

Doctors should call a halt to this practice immediately, the editorial concludes: "Teaching hospitals should refuse to accept patients for governmental disability evaluation." Or at least they should

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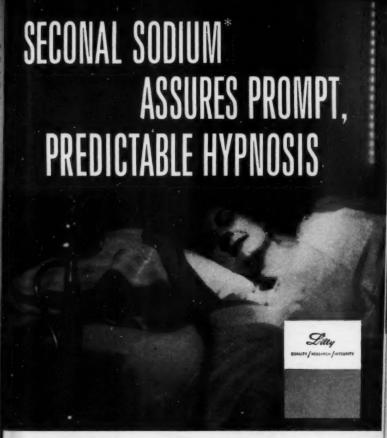
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ant patients and facilitates difficult examinations.

Available in 1/2, 3/4, and 1 1/2-grain pulvules. Also as ampoules, powder, suppositories, 'Enseals' (Timed Disintegrating Tablets, Lilly), and Elixir 'Seconal' (Secobarbital, Lilly).

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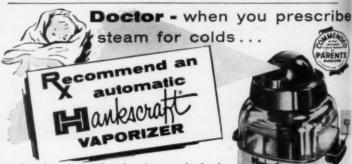
ents alupuld make certain that such cases are "handled in a manner that does not divert time donated for the teaching of medicine."

#### False Insurance Claims Put Doctors on Spot

When a patient asks you to certify that he's been hurt in an accident. do you double-check to make sure the accident actually happened? Your colleagues in one state are on the spot because they didn't. They've become involved with two "rings" that allegedly specialize in fraudulent insurance claims.

Judge Frederic A. Crafts, chairman of the Massachusetts Claims Investigation Commission, says evidence against one such ring is being presented to an Essex County grand jury this month. And a similar group in Sussex County is also being investigated. Charges the judge: "Scores of doctors are certifying to fake personal injuries, bolstering accident claims to obtain higher fees through arrangements with attorneys."

How were the rings uncovered? Through a central index bureau, the judge reveals, that keeps crossfiles on all claimants, doctors, and lawyers in Massachusetts accident injury cases. "Whenever a person has five or more claims," Judge Crafts explains, "his card is sent



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low this prescription may give you a stuffy nose. If it loes, just get a 'Benzedrex' Inhaler. It will keep you comfortable until I see you next week."



An innocuous, yet definitely uppleasant, side effect of many extremely useful preparations—some of them new, some relatively old—is nasal

When you prescribe one of these valuable preparations, you probably advise your patient that he should not be surprised if he gets a "stuffy"

May we suggest you advise him, too, that if nasal stuffiness does occur, he can obtain quick relief with a 'Benzedrex' Inhaler? That he need not suffer nasal discomfort between his visits to your office?

'Benzedrex' Inhaler relieves nasal congestion in seconds; does not moduce excitation or wakefulness.

## Benzedrex\* Inhaler

for your patients' use between visits to your office

Formula: Each 'Benzedrex' Inhaler is packed with propylhexedrine, S.K.F., 250 mg.; and aromatics.

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MEDICAL ECONOMICS · JANUARY 20, 1958 43

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to our commission to be considered for suspicion of fraud."

By means of the index, the commission discovered one "accidentprone" individual who filed fifteen claims in seven months. Among his strokes of money-making bad luck, as the judge describes them:

"March, 1955: Fell in front of supermarket; fell in front of furniture store; cut lip on wine bottle. May: Struck by automobile; struck by another car; injured while passenger in automobile . . . August: Struck by automobile; fell in front of department store; hit by falling debris from building . . ." And so on.

Comments the judge: "He's

either the most unlucky fella or the most unhappy fella I've ever heard of." But some doctors may not have recognized him for what he was. Their cases are due to come up in court this month.

#### Insurance Companies Cut Price of Big Policies

If you're in the market for life insurance, the chances are better than ever that you can get it at wholesale rates. A number of insurance companies now offer you this break: the more coverage you buy, the less you pay per \$1,000.

One company's discount system works like this:





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The better tolerated source of iron-lerrous fumarate—helps avoid artic upset

non-inhibitory intrinsic factor stures greater B<sub>12</sub> absorption to met increased requirements

more comprehensive formulation...includes **phosphorus-free** alcium, Vitamins K and  $B_o$ , and important minerals and trace elements

Reminder Jar... designed to kept on the dining table where witamins won't be forgotten

#### Each capsule contains:

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Vitamin A	,000 U.S.P. Units
Vitamin D	
Thiamine Mononitrate (B <sub>1</sub> )	3 mg.
Pyridoxine (B <sub>o</sub> )	1 mg.
Niacinamide	10 mg.
Riboflavin (B2)	2 mg.
Vitamin B <sub>12</sub>	2 mcgm.
Ascorbic Acid (C)	50 mg.
Vitamin K (Menadione)	
Folic Acid	
Ferrous Fumarate	90 mg.
Iron (as Fumarate)	
Intrinsic Factor	5 mg.
Fluorine (as CaF <sub>2</sub> )	0.015 mg.
Copper (as CuO)	0.15 mg.
lodine (as KI)	0.01 mg.
Potassium (as K <sub>2</sub> SO <sub>4</sub> )	0.835 mg.
Manganese (as MnO <sub>2</sub> )	0.05 mg.
Magnesium (as MgO)	0.15 mg.
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Zinc (as ZnO)	
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Supplied: attractive, re-usable bottles of 100 capsules.



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Policies with coverage ranging from \$2,000 to \$7,499 have the highest premium rate per \$1,000. The rate gets progressively lower for coverage between \$7,500 and \$12,499; between \$12,500 and \$24,999; and from \$25,000 up.

In the past, of course, everybody has paid just as much for each \$1,000 of coverage as everybody else of similar age and health. What makes these new quantity discounts possible?

One insurance executive explains that handling costs and medical examination fees are the same for both large and small policies. Thus the big policy costs the company comparatively less per \$1,-

000 of coverage than does the small one. "We're passing on the saving," he comments.

### Court Protects Patient's Right to Complain

Suppose one of your patients accuses you of malpractice before your medical society grievance committee. If there's no ground for the charge, do you have grounds for a libel or slander suit?

Not according to a recent court decision in New York. It upholds the patient's right to speak freely to such a committee. The story behind the decision:

When a New York City doctor



to prevent angina pectoris

# Metamine Triethanolamine trinitrate biphosphate, LEEMING, 10 mg. Sustained

special advantages:

Simplified dose (b.i.d.)
No undesirable side reactions.
Greater economy.

LEEMING 1<sup>ST</sup>

Usual dose: 1 tablet on arising, 1 before evening meal. Bottles of 50 tablets.

THOS. LEEMING & CO., INC., New York 17, N. Y.

\*Patent applied for

#6 MEDICAL ECONOMICS - JANUARY 20, 1958



# Shrinks the Appetite

Curbs excessive desire for food Helps to ease bulk hunger Reduces nervous tension hunger

Flexibility of Dosage: 1/2, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A. M. and at 4 P. M.

Supplied: Bottles of 100 and 1,000 tablets

# **BONTRIL**

CARNRICK

G. W. Carnrick Company, Newark 4, N. J.

blets.

ed for

marked relief of spasm and stiffness in a variety of "muscle complaints".

# flexin

enteric coated · plain

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Effective up to 6 hours<sup>1</sup> with a single oral dose, FLEX provides gratifying relief of voluntary muscle spatial low back syndrome, fibrosis, sprains, strains and non-inflammatory rheumatic and arthritic disorders

PACKAGING: Pink, enteric coated tablets (250-mg), bottles of 36. Yel scored tablets (250 mg.), bottles of 50,

PEFERENCES: {1} Amols, W.: J.A.M.A. 160:742, (Mar. 3)-1956. (2) Smith, R. Kron, K. M.; Peak, W. P., and Hermann, I. F.: J.A. M.A. 160:745, (Mar. 3) 19

AND PATRAL PINE NE



Laboratories, Inc. Philadelphia 32, Pa





		RESILONSE		
DISEASE	PATIENT	EXCEPTENT	- 6006	11-38
junatold spentyling	16		7	93.7
	34			88.2
	22			86,8
				83.3
				100.0

operated unsuccessfully to remove a scar from a woman's shoulder, she wrote a letter to his county society grievance committee. She claimed the doctor had "guaranteed" to reduce the scar to a "thin and barely visible line."

The physician was later able to convince the grievance committee he'd made no such guarantee. Then he sued the patient for libel on the ground that her letter had wrongly accused him of unethical conduct.

In its ruling on the case, the court pointed out it is unethical for a physician to make "an unequivocal prediction" of extraordinary success. And to accuse a doctor in writing of having done so is to libel

him. But, said the ruling, a patient has a "qualified privilege" to complain to a grievance committee. Thus a statement that would ordinarily be libelous is *not* libelous if made to such a committee in good faith and without malicious intent.

The letter in question hadn't been obviously malicious; and in such cases "malice may not be implied," the court declared. So it dismissed the doctor's complaint.

# Words Hurt, M.D. Learns —So He Uses Gestures

In a Brooklyn (N.Y.) office, the doctor is doing some minor surgery. He raises his index finger; the

For respiratory and urinary infections . . . there are no safer or more effective sulfonamide preparations you can prescribe

# new Sul-Spantab Tablets Sul-Spansion Liquid

A single oral dose q12h protects your patient uninterruptedly day and night.



\*Trademark for sustained release sulfaethylthiadiazole, S.K.F.

## NEW adhesive tape almost INVISIBLE on the skin!



Old-fashioned cloth tape

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BAND-AID CLEAR TAPE-plastic surgical tape

# Makes bandages look much smaller BAND-AID CLEAR TAPE

- \* Patients feel less conspicuous—bandage has 40-50% less visible area.
- \* Sticks tight yet "gives" with the skin. Won't "shine."
- \* New dispenser. Easier to use. Speeds bandaging.

Send for free sample!

Johnson Johnson



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Please send me free the regular dispenser of the new BAND-AID CLEAR TAPE.

Street

Offer expires April 1. Good only in Continental U.S.A.

XUM

## Significant Robins research discovery:

# A NEW SKELETAL MUSCLE RELAXANT

# Ro

ROBAXIN - synthesized in the Robins Research Laboratories, and intensively studied for five years-introduces to the physician an entirely new agent for effective and well-tolerated skeletal muscle relaxation. ROBAXIN is an entirely new chemical formulation, with outstanding clinical properties:

- · Highly potent and long acting.5,8
- Relatively free of adverse side effects. 1.2.3,4,6,7
- Does not reduce normal muscle strength or reflex activity in ordinary dosage.<sup>7</sup>
- Beneficial in 94.4% of cases with acute back pain due to muscle spasm.<sup>1,2,4,6,7</sup>



ROBAXI on the

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Indicated we to approximate the discount of the control of the con

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# baxin

(Methocarbamol Robins, U.S. Pat. No. 2770649)

#### Highly specific action

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ROBAXIN is highly specific in its action in the internuncial neurons of the pinal cord — with inherently sustained repression of multisynaptic reflexes, but with no demonstrable effect on monophaptic reflexes. It thus is useful in the metrol of skeletal muscle spasm, tremor and other manifestations of hyperactivity, as well as the pain incident to paim, without impairing strength or more pormal neuromuscular function.

#### Beneficial in 94.4% of cases tested

When tested in 72 patients with acute back pain involving muscle spasm, ROBAXIN induced marked relief in 59, moderate relief in 6, and slight relief in 3-or an over-all beneficial effect in 94.4%. 1.3.4.6.7 No side effects occurred in 64 of the patients, and only slight side effects in 8. In studies of 129 patients, moderate or negligible side effects occurred in only 6.2%. 1.3.8.4.8.7

indications — Acute back pain associand with: (a) muscle spasm secondary sprain; (b) muscle spasm due to mma; (c) muscle spasm due to nerve initation; (d) muscle spasm secondary discogenic disease and postoperative copedic procedures; and miscellaneconditions, such as bursitis, fibroin, torticollis, etc.

Douge - Adults: Two tablets 4 times willy to 3 tablets every 4 hours. Total willy dosage: 4 to 9 Gm, in divided

recautions - There are no specific cutraindications to Robaxin and abovard reactions are not to be anticbled. Minor side effects such as lightheadedness, dizziness, nausea may occur rarely in patients with unusual sensitivity to drugs, but disappear on reduction of dosage. When therapy is prolonged routine white blood cell counts should be made since some decrease was noted in 3 patients out of a group of 72 who had received the drug for periods of 30 days or longer.

Supply - Robaxin Tablets, 0.5 Gm., in bottles of 50.

References: I. Carpenter, E. B.: Publication pending, Z. Carter, C. H.: Perconal communication. S. Ferayth, H. F.: Publication pending. 4. Fround, J.: Personal communication. 5. Morgan, A. Mc., Truttt, E. B., 37., and Little, J. M.: American Pharm. Assn. 66:374, 1957. 6. Nachman, H. Mc.: Personal communication. 7. O'Doberty, D.: Publication pending. S. Truttt, E. B., 37., and Little, J. M.: J. Pharm. & Exper. Therap. 119:161, 1957.

ROBINS CO., INC., Richmond 20, Va. . Ethical Pharmacouticals of Morit since 1878

nurse hands him a hypodermic syringe and needle. He jabs his finger downward, and she brings him a scalpel. Forward, and she gives him a probe. A scissors-like movement of the first two fingers brings scissors. A Ballantine beer sign (thumb and index finger joined) brings him a clamp.

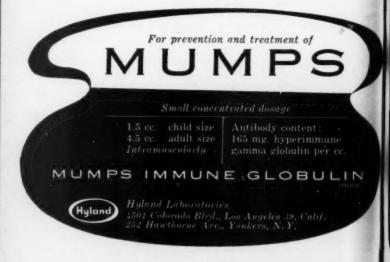
Deaf mutes? Not at all. They're probably talking all the time. But they're not talking about surgical instruments. Explains Dr. William Lieberman:

"Whenever a patient hears 'Boil up a needle' or 'Give me a scalpel,' he grips the table and tenses every muscle. Of course that actually increases the pain he feels. So I don't

use such words. Instead, I've devised a set of simple hand signals to let my nurse know what I want."

Dr. Lieberman decided to take up signaling after an incident in his office. "A husky, powerfullooking longshoreman came in," he recalls. "He had a perianal thrombus that he wanted removed. 'Don't bother with an anesthetic. Doc,' he roared. 'I can take anything.' And he really looked as if he could.

"So I turned to my nurse and said: 'Please let me have the hypodermic syringe with one of the longer needles, a scalpel, scissors, and a clamp. But first I'm going to sigmoidoscope him.' I turned back



'DAPRISAL' for head-cold patients therapy that gives the patients



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# DAPRISAL\*

MEDICAL ECONOMICS · JANUARY 20, 1958 55

just in time to see my powerful patient slumping to the floor in a faint.

"He told me later that things went black when he heard me ask for a needle, a scalpel, and scissors. So I began to wonder how I could avoid such words. I hit on the silent treatment—and it works splendidly." Now Dr. Lieberman talks with his hands.

# Buy Bonds to Pay Your Federal Estate Tax?

If you're old enough to be giving thought to your family's estate-tax problems, here's a tip:

Thirteen series of U.S. Treasury bonds come under a special tax law that permits redemption at face value in payment of estate taxes. And when they're so used, such bonds aren't subject to capital gains taxes.

In an analysis of this special privilege, U.S. News & World Report points out that it becomes important at times when Government bonds are selling at depressed prices. And at the moment they're going for discounts of 10 to 15 per cent.

"Take, for example, the 2½ per cent Treasury bonds maturing in December, 1973, and callable in 1967," says the magazine. "They recently have sold at 85.44. That's \$854.40 for a bond that can be turned in for \$1,000 in payment of

estate taxes. Used for that purpose in, say, two years, this bond would yield nearly 11 per cent, including the capital gain."

#### These Physicians Say One Ethics Code Is Enough

Can a local medical society set up a code of conduct more stringent than the A.M.A. Principles of Medical Ethics? Can it expel a member for violating such a code?

The answer used to be no. Last year, however, when the A.M.A. simplified its Principles, the House of Delegates decided that state societies would henceforth be free to add supplementary rules.

The decision still stands. But one state society that recently took it literally has just been overruled by its own Judicial Council.

Pennsylvania doctors adopted a supplementary rule directed against local physicians who cooperate with the United Mine Workers' Welfare and Retirement Fund. The U.M.W. has increasingly limited its list of "approved" physicians; and it refuses to pay non-approved medical men for workers' care. In a resolution passed last fall, the Pennsylvania medical society declared any doctor unethical who "participates in ... any medical plan which denies its beneficiaries the right of free choice of physician."

In overruling this resolution, the

# MERCK SHARP & DOHME ANNOUNCES



# DIURIL

(CHLOROTHIAZIDE)

A MAJOR BREAKTHROUGH IN
THE MANAGEMENT OF
TWO MAJOR
MEDICAL PROBLEMS



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# a Major Breakthrough in Ed



# \*DIUNIL' is a trade-mark of MERCK & CO., Inc. (CHLOROTHIAZIDE)

58 MEDICAL ECONOMICS - JANUARY 20, 1958

# in Edema and Hypertension

#### **EDEMA**

- 1. 'DIURIL' is an entirely new, orally effective, nonmercurial agent—1 Gm. of 'DIURIL' orally being approximately equivalent to 1 cc. of mercurial I.M.
- 2. 'DIURIL' is ideal for initiating diuresis and for prolonged maintenance of the edema-free state.
- 'DIURIL' promotes the balanced excretion of sodium and chloride without producing acidosis.
- 'DIURIL' offers a rapid rising response to increased doses (within recommended dosage range).
- 'DIURIL' is well tolerated even at maximum therapeutic doses.
- 'DIURIL' acts rapidly (onset within 2 hours) and its moderate duration of action (6-12 hours) permits uninterrupted rest at night.
- 'DIURIL' has no known contraindications.

# any indication for diuresis is an indication for 'DIURIL'

IRDICATIONS: Congestive heart failure; premenstrual edems; edems of pregnancy; renal edems — nephrosis, nephritis; cirrhosis with ascites; drug-induced edems. May be of value to relieve fluid retention complicating filessity.

DOSAGE RANGE: one 500 mg, tablet 'DIURIL' to two 500 mg, tablets 'DIURIL' once or twice a day.

#### HYPERTENSION

- 'DIURIL' provides basic therapy to improve and simplify the management of hypertension.
- 'DIURIL' often reduces dosage requirements of antihypertensive agents below the level of serious side effects.
- 'DIURIL', added to the regimen, is often effective in controlling the blood pressure of even highly resistant cases of hypertension.
- 'DIURIL' maintains its effectiveness even during prolonged therapy.
- 'DIURIL' smooths out blood pressure fluctuations.
- 'DIURIL' is orally administered with simple dosage schedules.

INDICATIONS: Hypertension of all degrees of severity.

DOSAGE RANGE: one 250 mg, tablet 'DIURIL' two times daily to one 500 mg, tablet 'DIURIL' three times daily.



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Division of MERCK & CO., INC., Philadelphia 1, Pa.

SUPPLIED: 250 mg, and 500 mg, scored tablets 'DIURIL' (Chlorothiazide); bottles of 100 and 1,000.

BIBLIOGRAPHY: Best, J. E. et al.: Fed. Proc. 18:278, (March) 1957; Beyst, K. H. et al.: Fed. Proc. 18:282, (March) 1957; Ford, R. V. et al.: Arch. Ind. Med. 180:582, (October) 1957; Ford, R. V. et al.: Arth. Ind. Med. 180:582, (October) 1957; Ford, R. V. et al.: Arthbiotic Med. & Citsa. Therapy (in press); Moyer, J. H. et al.: Proc. Soc. Exper. Biol. & Med. 35:529, (birly) 1957; Movelio, F. C. and Sprague, J. M.: J. Ans. Chem. Soc. 79:2023, (April 20) 1957; Russo, H. F. et al.: Fed. Proc. 18:333, (March) 1957; Biolinade, W. and Wilkins, R. W. 1950 Med. (April 20) 1957; Russo, H. F. et al.: Fed. Proc. 18:333, (March) 1957; Biolinade, W. and Wilkins, R. W. 1957; Bross, E. D. et al.: J. A. M. A. (in press); Finnerty, F. A.: N. Y. State J. Med. 57:2957, (Sopt. 15) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.) 1957; Freis, E. D. and Wilson, I. M.: Med. Ann. District of Columbia 28:468, (Sopt.)

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society's Judicial Council simply says that it's invalid because it goes beyond the A.M.A. code. Unofficially, a spokesman for the council adds that any local rule supplementing the A.M.A. code must be considered unacceptable. Here's how he explains it:

"Suppose a doctor is kicked out of his county society for violating a local regulation. He has the right of appeal all the way up to the A.M.A. But the A.M.A. can't rule on something not in its code; it can't judge such a man guilty. So what happens to him? He can't be expelled from the local society if the A.M.A. won't stand behind the society's ruling."

So, the Pennsylvanian concludes, "the A.M.A. House of Delegates' declaration doesn't mean a thing. All it does is set the stage for a lot of nasty infighting."

Some of the state's leading physicians agree. If the resolution had held water, they say, it probably wouldn't have hurt the union much: but it would almost certainly have caused bad feeling among doctors. As Dr. Elmer Hess, former A.M.A. president, views the situation:

"If I were working for the United Mine Workers and they were treating me fairly, I'd keep right on working for them-no matter who threatened me with what." END



Which came first ... doctors or 'Q -Tips'?\*

\*Used more than any other prepared cotton swab. Samples mailed on request. Q-Tips, Inc., Long Island City 1, N. Y. Q-Tips®



# "Doctors can't help shingles?"

Physicians who have used Protamide extensively deplore such statements as unfortunate when they appear in the lay press. They have repeatedly observed in their practice quick relief of pain, even in severe cases, shortened duration of lesions, and greatly lowered incidence of postherpetic neuralgia when Protamide was started promptly. A folio of reprints is available. These papers report on zoster in the elderly—the severely painful cases—patients with extensive lesions. Protamide users know "shingles" can be helped.

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## "All of us were going through Marian's 'change of life."



Menopause for Marian was more than just "change of life," for it was accompanied by a sudden and radical change in behavior. Gloomy and morose, she retreated from friends...her crying spells and panicky states increased alarmingly...and no amount of reassurance seemed to help.

But yesterday, after so many months apart from society, Marian came back to the bridge club-a new woman,

Pacatal, 25 mg. t.i.d., brought her out of her menopausal depression.

For patients on the brink of psychoses, Pacatal provides more than tranquilization. Pacatal has a "normalizing" action; i.e., patients think and respond emotionally in a more normal manner. To the selfabsorbed patient, Pacatal restores the warmth of human fellowship... brings order and clarity to muddled thoughts ... helps querulous older people return to the circle of family and friends.



Pacatal, in contrast to earlier phenothiazine compounds, and other tranquilizers, does not "flatten" the patient. Rather, he remains alert and more responsive to your counselling. But, like all phenothiazines, Pacatal should not be used for the minor worries of everyday life.

Pacatal has shown fewer side effects than the earlier drugs; its major benefits far outweigh occasional transitory reactions. Complete dosage instructions (available on request) should be consulted.

Supplied: 25 and 50 mg. tablets in bottles of 100 and 500.

Also available in 2 cc. ampules (25 mg./cc.) for parenteral use.

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NEW
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the newest hormone

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necessary for hemoglobin synthesis

**EXPLAINS** 

CLINICAL SUPERIORITY OF

# RONCOVITE-m

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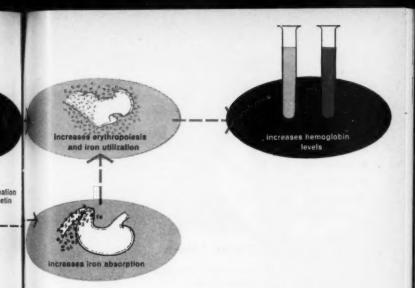
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Elucidation of the action of erythropoietin—the erythropoietic hormone—provides a dar explanation for the observations of Holly, 1 Ausman, 2 Tevetoglu 3 and many whers who have reported that in the common anemias cobalt-iron therapy results in a finiteal response superior to that produced by iron alone.

creased Iron Absorption and Utilization—Recent investigations show that cobalt chances the formation of erythropoietin. 4.5 This hormone increases the rate of conduction of new red cells which, in turn, increases the rate of both iron utilization the marrow and iron absorption from the intestine. 6

Initial Application—In simple iron deficiency anemia, 89% of patients treated with manual incovite exceeded 12 Gm. of hemoglobin per 100 cc., while only 33% of the same attents treated with iron alone for a comparable period reached this level. In Information of pregnancy, 98.2% of Roncovite-treated patients maintained their hematogle status; 63.8% delivered with a hemoglobin of 13 Gm. per 100 cc. or more. In armia of infancy and childhood an average hemoglobin level of only 8.7 Gm. per 100 cc. with Roncovite. The armia of the property of the same patients subsequently reached an arrage hemoglobin level of 11.6 Gm. per 100 cc. with Roncovite.

mevite-MF is the new therapeutic agent based on erythropoietin formation which and also this new research into the practical utility of full iron effectiveness with fully decreased, better tolerated iron dosage.

in meric-coated, on takiet contains: Cobalt chloride, 15 mg. Ferrous sulfate exsiccated, 160 mg. Maximum adult desage: one tablet after each meal and at bedfime. Supplied: Bottles of 100 tablets.

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One drug . . . of far-ranging versatility for wide areas of medicine and surgery

#### **These Actions**

- Psychic sedative
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- Nausea and vomiting
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- Relieves depression without euphoria
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- Restores natural sleep without depressive aftereffects
- -not a hypnotic
- Rapid onset of action
- Side effects are minimal and easily controlled

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. benactyzine HCl

Average Adult Dose: 1 tablet q.i.d.



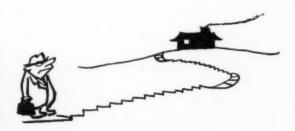
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Literature and samples on request

# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JAN. 20, 1958



# Fees for House Calls

By William N. Jeffers

"I think the best approach to house calls," says a 39-year-old G.P. in rural Ohio, "is to allow time in the day for them, go without argument or hesitation, be pleasant, enjoy them—and charge enough to make all this possible."

Such a sensible approach is characteristic of the great majority of the 1,200 U.S. physicians whose house-call habits were recently surveyed by MEDICAL ECONOMICS. But just how big a fee is "enough"?

Typical answers are shown in the accompanying tables,

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drawn from survey findings. They indicate median house-call fees currently asked in metropolitan, urban, suburban, and rural areas by G.P.s, internists, pediatricians, general surgeons, and OB/ Gyn. men.

Which doctors get the highest fees for house calls and which the lowest?

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Here's the answer, according to the MEDICAL ECONOMICS study: the OB/Gyn. man and the G.P., respectively. And here are

#### 1. The Typical G.P.'s House-Call Fees

	Type of Locality				
Type of Call	Metropolitan	Urban	Suburban	Rura	
Daytime	\$6	\$5	\$6	\$5	
Daytime, outside usual area	9	7	9	6	
After 6 P.M.	7	5	7	5	
After midnight	10	7	10	6	
Sundays and holidays	7	5	7	5	
Office visit	4	3	4	3	

#### 2. The Typical Internist's House-Call Fees

	Type o	Locality	у
Type of Call	Metropolitan	Urban	Suburban
Daytime	\$8	\$7	\$7
Daytime, outside usual area	10	9	10
After 6 P.M.	9	7	8
After midnight	11	10	10
Sundays and holidays	10	7	8
Office visit	5	5	5

Rural statistics insufficient for inclusion.

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OB/Gyn. man \$8 Internist Pediatrician General surgeon 6 General practitioner 5

But when the national picture is broken down to its four main types of locality, as in the accompanying tables, different rankings are to be found. In only one kind of community-the metropolitan-do OB/Gyn. men re-

# 3. The Typical Pediatrician's House-Call Fees

	Type of Locality				
Type of Call	Metropolitan	Urban	Suburban	Rural	
Daytime	\$7	\$6	\$7	\$5	
Daytime, outside usual area	10	7	10	7	
After 6 P.M.	7	7	7	6	
After midnight	10	10	10	8	
Sundays and holidays	7	6	7	5	
Office visit	5	4	5	4	

# 4. The Typical General Surgeon's House-Call Fees

	Type of Locality			
Type of Call	Metropolitan	Urban		
Daytime -	\$7	\$5		
Daytime, outside usual area	10	7		
After 6 P.M.	8	6		
After midnight	10	8		
Sundays and holidays	10	7		
Office visit	5	4		

Suburban and rural statistics insufficient for inclusion.

### 5. The Typical OB/Gyn. Man's House-Call Fees

	Type of Locality		
Type of Call	Metropolitan	Urban	
Daytime	\$9	\$6	
Daytime, outside usual area	10	10	
After 6 P.M.	9	7	
After midnight	10	8	
Sundays and holidays	9	6	
Office visit	5	5	

Suburban and rural statistics insufficient for inclusion.

port the highest daytime housecall fees. In urban areas, the internist heads the list. In the suburbs, the internist and the pediatrician charge the most for daytime house calls.

And in only two localitiesthe metropolitan and the suburban-is the G.P. distinctly the low man. In urban areas, he shares that dubious distinction with the general surgeon. And in rural areas, the G.P. is tied with the pediatrician. (Actually, of course, there are relatively few full specialists in non-city practice; so survey figures for rural and suburban areas are limited to these fields adequately represented in the sample.)

When, as in Table 6, daytime house-call fees are compared by region, the internist turns up at the top in the Southeast and the West. In the Midwest, he's tied by the OB/Gyn. man. The latter has the top position all alone in the Northeast.

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For what kinds of house call do the surveyed doctors charge the most? As you'd expect, most of them set highest fees for postmidnight visits and for faraway calls.

Many of the doctors who don't ask their highest basic fee for calls of unusual distance do increase the charge in another way: They add mileage to the basic fee. More than one-fifth of the surveyed practitioners say they make such a charge, in varying amounts, for each extra mile they have to travel beyond their usual visiting range. (One G.P. in rural Texas says he gets 50 cents a mile for paved roads and \$1 a mile for dirt.)

How does the typical physician arrive at what he considers afair figure for the normal housecall fee? The survey indicates he generally follows the going rate in his locale. But often the individual doctor simply feels his way toward a working scale. In doing so, say some of the respondents, it's often helpful to observe patients' reactions to charges. Take the following ex-

perience of an Indiana G.P.:

"One night some years ago," he recalls, "I charged \$4 for a house call. Whereupon the grateful husband gave me a \$1 tip. Since I prefer adequate fees to tips, I immediately made some changes in my fee schedule."

And a Brooklyn (N.Y.) internist got an even plainer indication his fee was low. He reports: "I'd just started practice, and I told a house-call patient my charge would be \$3. 'Why,' the woman said indignantly, 'my veterinarian charges me \$5 to see my dog, and I'm certainly not going to pay my own doctor less.' From that moment on, my house-call fee became \$5."

# 6. Typical Fees for Daytime House Calls

	Region of U. S.				
Type of Physician	Northeast	Southeast	Midwest	West	
Internist	\$ 7	\$7	\$7	\$8	
OB/Gyn. man	10	-	7	7	
Pediatrician	7	6	6	7	
General surgeon	6	-	5	6	
General practitioner	5	5	6	6	

Some Southeastern statistics insufficient for inclusion.

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ther the He paid \$60,000,000 last year to doctors and hospitals. But this year his differences with organized medicine may have to be settled in the courts—because, says this union medical chief:

# ${m F}_{ree}$ Choice Has Failed'

By Lois R. Chevalier

"Please get me Dr. Warren Draper, United Mine Workers Health and Welfare Fund, Washington," I told the operator. When Dr. Draper's voice came through, I began my carefully prepared little speech:

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"Dr. Draper, I think you feel that the medical press hasn't always dealt fairly with you in your capacity as executive medical officer of the Mine Workers Fund. You've said we don't report the Fund's side of its controversies with private medicine. But the Fund people aren't very helpful to anyone who asks about their side. You've got to begin by being willing to talk . . ."

There was a long silence. I waited—then decided I'd better go on:

"We here at MEDICAL ECONOMICS always try to cover both sides of a question, if we can get both sides. I'm going to be in Washington next week. I'd like to come talk to you. This is a chance for you to tell your story to



WARREN FALES DRAPER, M.D., is executive medical officer of the United Mine Workers Welfare and Retirement Fund. As such, he controls the country's largest direct-service labor health plan. A million coal miners and their dependents look to the Fund for medical care.

Ten years ago, Dr. Draper was given a free hand to set up and run the Fund's medical program. The initial result was hailed as a landmark in labor-medicine relations, because it was strictly a fee-for-service, free-choice plan. But gradually the Fund's policies have changed.

Its current insistence on dealing only with "approved" doctors and hospitals has alienated medical men in Pennsylvania and Illinois. And in Colorado, doctors who cooperate with the Fund are now threatened with loss of medical society membership. Two such men have been kept out of the Las Animas County Medical Society and are taking the society to court over the case.

What's behind these developments? What do they portend nationally? Past articles in MEDICAL ECONOMICS (e.g., "Is Labor Through With Private Medicine?" October, 1957) have told part of the story. Now here's more—Dr. Draper's side—based on an exceptionally revealing conversation.

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148,000 private practitioners."

My words hung in the air between New Jersey and Washington. It seemed I'd been wasting my breath.

But suddenly Dr. Draper broke his silence: "I'd be glad to talk to you. When do you want to come in?"

I couldn't help laughing. "Then you mean I needn't have made my little speech?"

"It's quite all right. It gave me a chance to finish my sandwich."

Four days later, I was shown into Dr. Draper's Washington office and got my first close-up of him. He has the same look of carefully husbanded vigor that distinguishes General MacArthur. After a long career in the Public Health Service and a stint as a two-star general during World War II, Dr. Draper took his present post at the age of 65. That was ten years ago, but you'd never guess it. He has his own hair, his own teeth, and his own very special vitality.

# Not a 'Feud'

"I'm irritated by journalistic words like 'lash' and 'blast,'" he said as he offered me a chair. "Every time I say anything, it's reported as part of a running

feud with organized medicine. I have refrained from abusive statements in the press and elsewhere. All I want is to get the best possible medical care for the beneficiaries of our Fund at whatever cost is reasonable and just."

"I promise not to use the words 'lash' and 'blast.' Would you tell me what you believe is the real issue between you and organized medicine?"

# Draper's Case

"Simply this," said the doctor. "We want to use the men best qualified to provide the care that our individual patients need. But organized medicine is taking a stand for free choice without a clear definition of the phrase. It is also discriminating against the Fund by applying restrictive measures against only the Fund. The medical societies in the states where our Fund is active are putting up a hard fight against our right to be selective. Yet I don't know a single physician who believes in his heart that any doctor is competent to perform any service that any patient may require."

"Just a minute," I interrupted. "I'm sure no doctor believes all

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doctors are equally skilled. But no other organization for the financing of medical care takes your point of view. Blue Shield pays any doctor. Commercial insurance companies pay for any service. Aren't you introducing a whole new idea?"

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# **Medical Societies Lag**

"I'll admit it's a new idea," he said. "What shocks me is the unwillingness of some medical societies to take up a new approach, no matter how enlightened it is.

"When I accepted this job, I went straight to the A.M.A., in whose House of Delegates I'd sat for twenty years. I told them the trustees of the Fund had given me a free hand with their medical program. I asked for help and advice in setting up a fee-for-service program with free choice of physician. And that was how we did set it up.

"But gradually I found out this sort of program is subject to abuses. As statistical data accumulated here, I saw we were tending toward subsidizing a gravy train. In many communities, according to highly qualified consultants, the surgical diagmoses and the operative surgery for Fund beneficiaries were clearly inferior in quality. And the amount of surgery performed was far in excess of what's performed on the general population. I have ample material in our files to substantiate this."

"Why don't you convey it to the profession, Dr. Draper?"

"I'm on record as having reported that some doctors in the coal mining areas were never properly trained, or else have got out of touch with modern medical science. Some of them knew they weren't qualified for certain work. But they'd attempt it anyway—because the Fund fee was guaranteed. The results were often gruesome."

"What about the material in your files that proves your point?" I asked again.

# 'Not for Release'

"It's there. I'll be glad to show it to any properly constituted committee of physicians with legitimate reasons for seeing it. I've already shown it to the A.M.A. Committee on Medical Care for Industrial Workers. I have clinical records and photographs. But this is professional information that it would not be proper to release."

### 'FREE CHOICE HAS FAILED'

"Is everyone who's ever been dropped from the Fund list of approved physicians an incompetent?" I asked.

"Of course not! We've had to set up some over-all rules that are feasible to administer. The Fund's area administrators would never stand over each doctor at the operating table to judge his skill. We just feel that some judgment should be made."

Dr. Draper fell silent for a moment. Then he went on: "Since absolutely unrestrained free choice didn't work, I soon realized we'd have to develop a system that would work. Let me review my numerous attempts to solve the problem."

# **Mandatory Consultations**

"First of all, our hospital admission rate was far above that of Blue Cross subscribers and others. So I ruled that, in general, no beneficiaries were to be hospitalized by family doctors at Fund expense unless a consultant agreed. You know what a fuss that stirred up. The A.M.A. disapproved so strongly that we eventually decided to rescind the ruling. Yet when it was in effect, the hospitalization rate and the number of operations performed

dropped as much as 50 per cent in some areas!

"Doctors insist that medicine polices itself. I realize that any doctor knows what his colleagues are qualified to do. So I had high hopes for another idea —the one we developed in Pennsylvania. There the state medical society agreed to set up committees to review a doctor's qualifications, if the Fund had any question. It looked as if we'd get somewhere with that plan.

"Meanwhile, the Fund was trying to rely on another criterion. If a man were certified, for example, by one of the surgical boards, or a fellow of the College of Surgeons, we considered him qualified to do surgery for Fund beneficiaries."

"Doesn't that automatically rule out a number of non-certified but competent men?" I asked.

"Perhaps. But when the miners' wives in a certain area have many more hysterectomies than the national average, you've got to do something about it."

"Then medical communities began to divide into pro-Fund and anti-Fund factions, didn't they?"

Dr. Draper's [MORE ON 218]



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By Leon Wasserman, LL.B.

# Disability Insurance: Do You Know Your Rights?

They don't depend entirely on what your insurance policy says. Court cases of record indicate that you can sometimes get disability payments even when you're still able to work

One night in his basement workshop, a 50-year-old surgeon I'll call Dr. Everett Mapes was shaping a ship model on his band saw. Suddenly the blade hit an unsuspected nail. The surgeon reached hastily to slip the switch. And with that gesture, he lost his right forefinger.

Dr. Mapes would never again be able to do surgery. So he filed a claim for benefit payments under his disability insurance policy.

But the insurance company turned down the claim. It argued that the doctor's policy provided that he must be totally disabled from pursuing *any* occupation in order

THE AUTHOR is a member of the New York bar.

to qualify for payments. And it held that he could still practice medicine, if not surgery.

The company was right about their policy's specific provisions. Even so, the doctor took his case to court-and he won. Here's why:

Court rulings have established disability insurance principles that are somewhat different from what you might think after reading a specific policy's fine print. In general, the courts have interpreted the language of such policies in a practical rather than a literal way.

For instance, the policy may state that you can't collect unless you're totally unable to do "each and every duty" pertaining to



your occupation. But the courts have often ruled that a disability to perform the essential duties will qualify a person for benefits under this clause.

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Similarly, where a policy requires "total disability from pursuing any occupation," the courts have taken a liberal view of the meaning. In several instancesas in Dr. Mapes' case—they've ruled that "any occupation" means only any occupation for which the insured is reasonably fitted by education and experience.

In another such case, a middle-aged urologist's policy contained this latter proviso. After he'd had a heart attack, the company refused his claim for disability payments on the ground that he was still able to practice in a less demanding field of medicine. The court decided otherwise. It held that since the doctor's entire career had been in urology, he couldn't be expected to prepare himself for another field at that late date.

What sort of activity may you engage in under your disability policy without forfeiting your right to benefit payments? Chances are, your rights are broader than you suspect.

For example, even "strict confinement indoors"—a phrase that appears in many policies—has been legally interpreted to mean substantial but not complete confinement. In other words, if you're getting benefits under a disability policy that demands "strict confinement indoors," the company can't legally stop payments just because you go out now and then for a breath of air or an automobile ride.

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If your disability coverage is like that of most doctors, you have a group occupational policy. Such a policy usually insures the doctor against his inability to practice medicine. But suppose while thus disabled you engage in some *other* occupation. Can you still collect benefits?

You probably can, even if you have a policy that says you must suffer "total loss of business time." That phrase has been construed to mean only the time you'd normally devote to the practice of medicine.

I know one surgeon who gave up his practice because of obstinate dermatitis of the hands. He had a group occupational policy that required not only total disability " as a sur-

geon and physician," but also "total loss of business time."

After collecting two or three benefit payments, he took a desk job with a Veterans Administration hospital. He was experienced in medicolegal matters, and he felt sure the job made him ineligible for further disability payments. So he signed a release with the insurance company.

When he told me about it, I suspected he'd made a mistake. I pointed out he was still unable to use sterile techniques. And thus he couldn't perform the essential duties of a doctor.

So we took his case to court. The jury found he was disabled as a physician. And the release he'd signed was set aside.

This last story shows how risky it is for any doctor to try to figure out his disability insurance rights on his own. Plain English and common sense are untrustworthy guides here. By relying on them, many a doctor who couldn't carry on his medical practice has wrongly believed he'd imperil his benefits if he earned his living in another way.

In my opinion, no physician should ever complete a disability claims form without legal advice. He stands to lose too much. END A paralyzed patient won a \$250,000 jury award against a noted vascular surgeon and a university hospital. Now the judgment has been reversed—and the reversing opinion clarifies some medico-legal issues that are important to all doctors

# The Quarter-Million-Dollar Me

By William N. Jeffers A few weeks ago, one of the most damaging and far-reaching malpractice judgments in American history was reversed by a higher court. In its opinion reversing the judgment, the court shed new light on three questions at the core of the case. These questions have long troubled lawyers and physicians who are up on medicolegal matters:

1. For what sort of alleged malpractice can a patient "prove" your negligence by merely presenting the *results* of treatment? In other words, when does the legal doctrine of *res ipsa loquitur* ("the thing speaks for itself") apply?

2. Are you responsible for medical procedures you've authorized when they're carried out in your absence by persons not in your employ?



# lar Malpractice Suit

3. Are you necessarily "experimenting" whenever you exceed the manufacturer's suggested dosage of a drug?

The wrong kind of answers to the above questions could pose a grave threat to America's physicians. And that's just the kind of answers that seemed to be given when—a couple of years ago—a San Francisco jury awarded record damages of \$250,000 against a local doctor and hospital.

Since the defendants had been sued for alleged negligence in performing an aortograph, some medical men feared that diagnostic procedures of this sort might have to be abandoned. "This ruling," said the late Dr. Louis J. Regan, "makes doctors hesitate to use their whole professional knowledge."

But the California District Court of Appeal has now

reversed the ruling-and late last month the California Supreme Court made this final by refusing to review the decision. So the outlook appears brighter. Before examining the court's answers to the three key questions, let's see what led to the so-called "quarter-million-dollar malpractice suit":

#### The Medical Case

Late in 1952, Martin Salgo, a 54-year-old San Franciscan, found he was having leg cramps whenever he walked. So he went to see Internist Donald A. Carson. For a year Dr. Carson treated him. But since the condition didn't improve, the internist referred Salgo to Dr. Frank L. A. Gerbode, a nationally known specialist in vascular surgery.

Dr. Gerbode is an associate professor of surgery at Stanford University. He examined the patient at the university hospital on Dec. 31, 1953. His diagnosis: a probable occlusion of the abdominal aorta, resulting in a decreased blood supply to the legs and other areas; and an advanced, general arteriosclerosis.

The surgeon told Salgo his condition was serious and asked him to enter the hospital for a series of X-rays. If these bore out his diagnosis, Dr. Gerbode said, an operation would be necessary.

Salgo entered the university hospital on Jan. 6, 1954. X-rays taken that afternoon showed marked calcification in his abdominal aorta, iliac, and femoral vessels-obviously a condition of long standing.

Dr. Gerbode next scheduled aortography by the hospital's X-ray department. As was customary, he briefed the resident physicians concerned—in this case, Dr. Eldon E. Ellis and Dr. Richard E. Andrews-on the patient's condition.

Dr. Ellis, with four years' surgical training, was in charge of all diagnostic procedures involving injection of contrast fluids. He was to handle the surgical part of Salgo's aortography. Dr. Andrews would handle the radiological part.

On the afternoon of Jan. 8, Salgo lay anesthetized on a table in the X-ray room. Also present, in addition to Drs. Ellis and Andrews, were an anesthesiologist and several technicians. As a routine sensitivity test, Dr. Ellis first injected 1 cc. of contrast fluid (Urokon sodium 70 per cent) into a vein of Salgo's right

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Dr. Ellis was inserting the needle toward the aorta when Dr. Gerbode came in to take a look. (He himself has successfully done more than fifty such procedures.) He watched for a moment and noted that Salgo seemed in satisfactory condition. Then he left.

The injection of 30 cc. of Urokon took only a few seconds. At once Dr. Andrews took a series of X-ray films. Examined while still wet, the films showed the descending aorta in the abdomen was blocked just below the vessels leading to the kidneys.

After consultation, the doctors decided to take further X-rays in order to get a clear picture of the vascular tree. As is usual, the needle had been left in place during the consultation. Now, with the needle's position unchanged, another 20 cc. of Urokon was injected and another X-ray series taken.

At 5 o'clock that evening, the patient seemed well recovered from the anesthesia. So Dr. Ellis reported to Dr. Gerbode that the procedure had gone routinely.

But when Salgo awoke the to morning, he was unable to

move from the waist down. It soon became clear that he had a transverse myelitis, with complete paralysis of the lower extremities, bladder, and bowels.

He was a permanent paraplegic.

# The Legal Case

On March 19, 1954, an attorney for Martin Salgo filed suit against the hospital and Dr. Gerbode. Maintaining that the paralysis had been caused by negligence, the suit charged:

 That Dr. Gerbode should have performed the procedure himself, as Salgo had expected, instead of leaving it to an "inexperienced" resident;

That the manufacturer's recommended dosage of the contrast fluid had been negligently exceeded; and

That the doctor had neglected to warn the patient of the risks that were involved in the procedure.

Few such cases of paralysis have ever been reported, so there's little literature about it. Thus it was hard to establish at the trial (which lasted four weeks in June-July, 1955) just what had caused the paraplegia.

The defense experts claimed

such paralysis might occur in rare cases, no matter how correctly the procedure were carried out. They said the trouble could have resulted from constriction of the blood vessels to the spinal cord, because of the Urokon, or from direct damage to the spinal cord itself. But they pointed out that it could also have been an immediate result of the plaintiff's physical condition, quite apart from the procedure in question.

### **Another Theory**

The plaintiff's medical expert said the X-rays showed that, during the second injection, the needle had been near or in an artery supplying blood to the spinal column. The Urokon, he held, was thereby injected into the spinal column, causing the paraplegia. But neither he nor anyone else claimed that standard practice hadn't been followed by the hospital and Dr. Gerbode.

When all testimony had been heard and the summations made, the judge gave the jury lengthy instructions. Affirming that the procedure's result indicated negligence, he directed them to apply the doctrine of res ipsa loquitur. The defendants, he said in effect, should be considered

guilty unless they'd proved their innocence.

Moreover, added the trial judge, Dr. Gerbode was legally responsible for the hospital team's performance, even though absent. The judge also spoke of the team's "experimentation" in exceeding the manufacturer's suggested dosage of Urokon. And he declared that Dr. Gerbode had violated his duty to the patient in not explaining beforehand the details of the procedure.

The jury found against both defendants and awarded the plaintiff \$250,000. The trial judge then reduced this to \$213,000.

Naturally, the case created a sensation in medical and legal circles. Meanwhile, attorneys for Dr. Gerbode and the hospital filed an appeal.

And on Oct. 22, 1957, the good news was announced: The District Court of Appeal had reversed the judgment. What follows is a condensation of the District Court's opinion.

# The Reversing Opinion

If the doctrine of res ipsa loquitur did not apply, or if the instructions on it were improper, the judgment must be reversed. ruled verse were logic On

ipsa malprifacts to moun the m cumst were ruled the court. It must be reversed, it added, even if there were evidence of negligence. The logic behind this ruling:

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Only in recent years has res ipsa loquitur been applied in malpractice cases. Formerly, the facts that "were considered paramount in determining whether the medical man in a given circumstance had been negligent" were the following: "that medi-

cine is not an exact science, that the human body is not susceptible to exact understanding, that the care required of a medical man is [measured by] the degree of learning and skill common in his specialty or locality, and that even with the greatest of care untoward results do occur."

But gradually, the opinion continues, the courts realized the



"I've decided to go to the hospital for observation. It's the only way we'll get to see each other."

difficulty of forcing doctors to testify against their colleagues. This, plus the fact that the patient doesn't usually know what harmed him, led to the use of res ipsa loquitur in some cases.

That doctrine, however, applies only where it's common knowledge among laymen and/ or medical men that an injury wouldn't ordinarily occur without negligence. This, says the opinion, has been established in a number of malpractice actions. But aortography is a relatively new procedure; very little about it is commonly understood.

Thus, as the District Court of Appeal sees it, nothing in the evidence explains exactly what caused Martin Salgo's paraplegia. Yet the jury was instructed to assume that there'd been negligence.

# 'Improper Instructions'

"This," says the court, "was prejudicial error. The judgment must be reversed, as there is no way of telling whether the jury decided as it did because of such improper instructions, or because negligence may have been proved otherwise."

So much for the first of the basic questions involved in the San Francisco case. What about the second? Should Dr. Gerbode be held responsible for the alleged negligence of the hospital team?

# The Customary Thing

"We find no evidence which would make Dr. Gerbode liable therefor in the absence of an agreement, express or implied. that Dr. Gerbode himself would perform [an aortograph]," says the court. And it points out that several doctors testified at the trial that it isn't customary for an attending physician to perform or be present at aortography.

If a hospital technician doing a blood count negligently infects a patient, her employer (the hospital) may be held liable for her carelessness. But not the attending physician, the opinion holds: "The attending physician cannot be held liable for acts over which he had and could have no control."

Finally, there's the question of whether or not the hospital team was "experimenting" when it injected 50 cc. of Urokon. (The drug manufacturer's brochure simply stated: "10 to 15 cc. is adequate.")

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Here, too, the court disagrees with the trial judge's instructions to the jury. States the opinion: "Defendants urge that a manufacturer's brochure is not admissible in evidence and does not establish the standard of care [required of the physician]. They contend manufacturer's recommendations are always conservative and quickly outdated; that after a material has been available for a while, physicians using it rely mainly on their own experience and the published literature of colleagues . . . [The manufacturer's brochure | cannot [alone] establish the standard of care required in the use of a drug."

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#### Just Part of It

A jury may consider such a brochure along with other evidence in deciding whether a physician has met that standard, says the opinion. And, it adds, the judge's instructions on the subject "should have been limited to this."

Its conclusion: "Where departure-from a manufacturer's recommendation is customarily followed by physicians of standing, such departure [is not] an 'experiment.'"

The only other major problem involved in the case relates to Dr. Gerbode's admitted failure to tell the patient in advance about the details of the procedure and its risks. The opinion points out that a doctor does violate his duty "if he withholds facts necessary for an intelligent consent by the patient. Likewise, the physician may not minimize the known dangers [in order to] induce consent."

# The Right to Discretion

But, it adds, medical men have the right "to handle each patient as an individual and use discretion consistent with the disclosure of facts sufficient for informed consent."

So once again the Court of Appeal disapproves the trial judge's "rather broad" instruction to the jury: "The instruction did not inform the jury that the physician had such discretion."

This last question is less important than the others in that the Court of Appeal's discussion of it sheds little *new* light on the subject. But the first three questions have been answered in a new way—and in a way that should gratify doctors everywhere.

An experienced M.D. tells what happens when staff doctors are bludgeoned into generosity—and, on the other hand, what they give when the fund-raising system is sound

By John C. Kinzly, M.D.

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# Hospital Fund-Raisinglow

Not long ago, I ran into an old college friend who's in business in a near-by city. He drew me into a quiet corner of the club for a talk,

"John, I need some advice," he said. "I know you've been active on your hospital staff, and it's hospitals I want to talk about. Or, rather, hospital doctors.

"I'm on the board of trustees at Riverside. We're going to have to build an addition. Last night we voted a half-million-dollar fund-raising campaign. We ought to be able to raise that much. The hospital has good public relations. There's just one hurdle, as I see it: the doctors."

I couldn't help smiling. A lot of my nonmedical friends seem to see doctors as "hurdles."



# inglow Much Coercion on Doctors?

"So you want to know how to handle the medical staff, is that it?" I asked.

"That's it exactly."

My own hospital in North Tonawanda, N.Y., has been through two fund-raising campaigns in the past eight years. So I've accumulated quite a few ideas on the subject. I settled back in my chair and began to talk.

First of all, I pointed out that most doctors will contribute generously. I know one G.P. who gave his institution \$16,000 in a single year. A recent survey for The Modern Hospital magazine indicates that M.D.s have given half a billion dollars to hospitals in the past decade.

Professional fund-raisers estimate that doctors give

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10 to 12 per cent of the total amount donated in hospital drives. (The Modern Hospital estimate is even higher: 20 per cent.) Such statistics, I told my friend, should be enough to scotch the myth that we medical men don't adequately support the hospitals we work in.

I added that a recent MEDICAL ECONOMICS study reveals that doctors include hospitals among their five favorite charities. "So my guess is that your staff will respond generously to the forth-

coming campaign," I concluded.

"That's encouraging," said my friend. "But it doesn't tell me how we're going to wring \$50,000 out of the fifty doctors on Riverside's staff."

"Well, I'll tell you this," I said with some heat: "You're not going to wring the money out of them. That's exactly the wrong approach.

"We had a campaign at my hospital back in 1950. Some of the board members were determined to *make* the staff be gen-

# How Staff Physicians Contribute

In twenty-one recent hospital fund-raising campaigns, 1,830 staff physicians made individual contributions as follows:

- 1 per cent contributed \$10,000 or more
- 5 per cent contributed \$5,000 to \$9,999
- 12 per cent contributed \$2,400 to \$4,999
- 31 per cent contributed \$1,000 to \$2,399
- 51 per cent contributed less than \$1,000

Source: Will, Folsom, and Smith, Inc., professional fund-raising counsel, New York. W

erous. They brought in a professional fund-raiser. Incidentally, I don't think he was typical of reputable fund-raisers. He came into one of our medical staff meetings and actually told us: 'Don't plead poverty. We can check on your bank accounts. We know how much you can give.'"

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# They Revolted

"Well, most of us couldn't stomach that sort of coercion. Some angry staff members called a secret meeting; and several doctors at the meeting said they felt we should just kiss off the campaign with a small lump-sum contribution.

"The rest of us were equally disturbed at being treated like hired hands. But we wanted the campaign to succeed for the good of the hospital. We did our best—but we never fully overcame the initial antagonisms. In that campaign, the medical staff contributed only 2 per cent of the total amount raised.

"Five years later, we had another campaign with a different fund-raising firm and a different approach. And the staff contributed 10 per cent of the total!"

My friend appeared im-

pressed. "I wouldn't want our doctors to feel browbeaten," he murmured.

"Believe me, doctors have felt browbeaten in hospital drives," I answered. "I've heard far worse stories than the one I've just told you. For example, take the Chicago G.P. I talked to last year:

"He said his hospital decided to put up a new building a couple of years ago. The hospital administration figured out a system for collecting half a million dollars from 100 staff doctors. On the basis of the number of patients he'd had in the hospital and the length of their stay, this G.P. was told he'd have to contribute \$4,000 a year for the next five years."

#### Invited to Leave

"When he protested, he was informed that doctors are merely guests in a hospital. And when he continued to protest, they ordered him to take his patients elsewhere. Nor was he the only victim. So much pressure was put on doctors in the Chicago area that they decided to do something about it.

"Last year, they brought a resolution to the A.M.A. condemning [MORE ON 208]



# What Doctors Van

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They want payments for a greater range of services, including those rendered by surgical assistants and medical diagnosticians, this study shows

By Hugh C. Sherwood Should Blue Shield cover all the professional services you render? A recent survey indicates that some 43 per cent of the physicians in one state would answer yes.

That's one of the more surprising findings of a Michigan State Medical Society survey. The society obtained the views on prepaid health insurance of some 2,500 of the state's 6,300 doctors. Since Michigan is something of a bellwether state for the Blue plans, those views are obviously worth your attention, wherever you live.

As you'd expect, the study shows that most doctors believe in Blue Shield. But it also shows they feel their plan should be improved. For one thing, they'd like to

THIS ARTICLE analyzes some of the findings in a recent Michigan study of doctors' attitudes toward Blue Shield. It's the second of three on the subject. For the first—"What Physicians Want From Blue Shield"—see MEDICAL ECONOMICS, Jan. 6, 1958.

# fors Vant Blue Shield to Pay For

see some changes in basic Blue Shield principles. (See MEDICAL ECONOMICS, Jan. 6, 1958.) For another thing, they're not entirely satisfied with existing stipulations as to whom and for what the plan pays.

For example, the great majority of surveyed doctors say they'd like it to compensate assisting surgeons. Most of them also think it should cover consultations and outpatient diagnostic studies. In fact, as already indicated, many M.D.s want complete coverage of their services.

A number of their opinions on such matters are summarized in the tables below and analyzed in the accompanying text. The wording of the original questions has been condensed. And all percentages are rounded off.

# Should Blue Shield Pay Assisting Surgeons, Provided Patients Know About It?

Yes 82% No 18%

If and when a surgeon pays the men who assist him at the operating table, he risks being accused of fee splitting. And in areas where Blue Shield doesn't provide separate payments for surgical assistants, the health plans

#### WHAT BLUE SHIELD SHOULD PAY FOR

have often been accused of helping to foster such splits.

Partly to forestall such criticism, some of the plans do pay assistants. But most don't. The survey indicates a more liberal payment policy would be very popular.

Under what circumstances should the assisting surgeons be paid? Better than 47 per cent of the surveyed men believe they should be paid for surgical work done in all hospitals. Some 35 per cent advocate such compensation only where hospitals lack residents and internes.

# Should Blue Shield Pay for the Services Of Nonparticipating Physicians?

Yes-pay	them	directly	539
Yes-pay	their	patients	33
No-don'	t pay	at all	14

About two-thirds of the nation's Blue Shield service plans now penalize nonparticipating physicians in one way or another—usually by making payment to the patient rather than to the doctor. Michigan Medical Service makes no such distinction. And the survey indicates that a majority of local doctors don't think it should.

But in answering an allied question, nearly 48 per cent of the respondents say they'd favor a distinction already employed by many other plans: Provided it can be ethically arranged, they'd like Blue Shield to furnish subscribers with lists of participating physicans.

# Should Blue Shield Pay for the Services of Osteopaths?

Yes-pay them directly	46%
No-don't pay at all	28
Ves-nay their natients	26

Roughly half the country's Blue Shield plans-includ-

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ing Michigan's—now pay osteopaths, usually on the same basis as doctors of medicine are paid. But the survey indicates some dissatisfaction with the same-basis policy: More than 50 per cent of the respondents either think D.O.s shouldn't be paid at all or else they would prefer to have payments made to the osteopaths' patients.

# Should Blue Shield Pay Specialists More Than It Pays G.P.s for Equivalent Services?

Yes 42% No 58%

The above statistics don't tell the whole story. A huge majority of the surveyed G.P.s think payments should be the same for both types; but three out of five specialists disagree. Most surveyed specialists believe their fees ought to be at least 10 per cent higher than those paid general practitioners.

Are they likely to get their way? It's doubtful. Most Blue Shield plans don't want to get involved in deciding who's a specialist and who isn't. Nor do they want to stir up strife among doctors in any other way. And the Michigan survey shows they probably have enough support from general practitioners to maintain the status quo.

# Should Blue Shield Offer a Contract Covering All Professional Services?

No 57% Yes 439

The surprise here lies in the large number of yesses. It's evident that many doctors are prepared to gear more of their practice to health insurance.\* One reason may be

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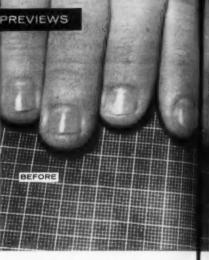
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OAccording to MEDICAL ECONOMICS' 8th Quadrennial Survey, the typical physician now gets only 10 per cent of his gross earnings from Blue Shield and other health plans.

TWO NEW
CLINICAL
REPORTS
REAFFIRM
THE





BENEFITS OF



O 1958 Knog Gelatine Co.

Evidence continues to accumulate verifying the effectiveness of Gelatine in the treatment of brittle fingernails. Investigators report that the nails show objective evidence of improvement. 1.2.3.4 Furthermore, patients often volunteer that their nails "feel stronger," "look smoother," and "I can pick up things without them hurting." 1

#### Improvement Noted in 81% of Patients

See the chart below for a summary of the effect of Knox Gelatine in brittle fingernails as observed in all published reports. Photographic evidence of improvement, much of it in color take before and during treatment, is available for most of the patients, 1:2.3

#### Response to Gelatine in Brittle Fingernalis

References	Dosage	Duration of treatment	No. patients w/ brittle nails	No. patients improved	No. patients w/brittle nails and other pathology	No. patients improved
1. Rosenberg, S., Oster, K. A., Kailos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330. (September) 1957	7 Gm./ day	3 months	50	43 (86%)	324	9
2. Schwimmer, M. and Mulinos, M. G.: Antibiot. Med. & Clin. Therapy 4:403. (July) 1957		11-16 weeks	18	15 (83%)		
3 Rosenberg, S and Oster, K. A.: Conn. State Med. J. 19:171, (March) 1955	7 to 21 Gm./day	15 weeks	36	26 (72%)		
	7 Gm./day	13 weeks	12	106 (83%)		
Totals	7-21 Gm.	11-16 weeks	116	94 (81%)	32	9 (28%)

a. Gelatine improved psoriatic nails in 5 out of 12 cases.

b. One patient with psoriasis and arthritis and one patient with psoriasiform nail changes showed improvement in 2 and 3 months respectively.

# RITTLE FINGERNAILS

#### **Important Note**

The pharmacodynamic effects of Gelatine are manifested through its high Specific Dynamic Action, and therefore, depend upon adequate and prolonged intake. All published clinical research has been conducted using 7 to 21 grams (1-3 envelopes) of Knox Gelatine per day for the three to four months that are required for complete regrowth of the nails. Smaller dosage would induce a lesser specific dynamic action and thus prove ineffectual in correcting the brittle nail defects. Please use the attached coupon for more detailed information.

Knox Gelatine Company Professional Service Department ME-24 Johnstown, N. Y.

Please send reprints of the following articles:

- Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, (Sept.) 1957.
- Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, (July) 1957.

YOUR NAME AND ADDRESS

#### WHAT BLUE SHIELD SHOULD PAY FOR

reflected in another survey finding: Some 53 per cent of Michigan's doctors say Blue Shield has increased their incomes, and only 4 per cent say it has lowered them.

### Should Blue Shield Cover Medical Consultations?

Yes 74% 26%

Although the survey indicates that G.P.s and specialists alike support such coverage, most plans don't pay for consultations. A sizable minority do, however. And there seems to be a slight trend in that direction. Michigan's doctors have given their Blue Shield plan a mandate to follow the trend.

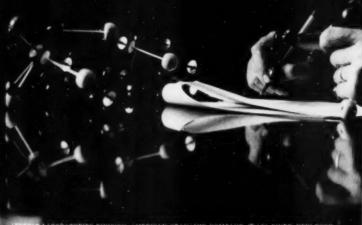
# If Blue Shield Were to Cover Out-Patient Diagnostic Services, Under What Circumstances Should It?

When rendered in doctors' offices 48% When rendered in hospital out-patient departments and certified laboratories Only when rendered in hospital out-patient departments 14

Several Blue plans provide some out-patient diagnostic benefits; a good many don't. The surveyed doctors evidently like the idea, particularly for diagnostic X-rays and laboratory work. And the Michigan plan has announced that it will go along with them all the way.

Opponents have warned that both patients and doctors may abuse such coverage. But it's believed to have offsetting economic advantages. It's assumed in Michigan, for instance, that once the new policy goes into effect, patients will no longer be tempted to abuse their hospitalization insurance by insisting on going to hospitals when they need X-rays. In addition, new subscribers should be attracted by the fuller protection.

On The Next Pages,
The Achievement of Lederle Research Project CL19823

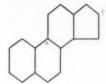


Lederle announces a major drug with great new promise

Arist

a new corticosteroid created to minimize the major deterrents to all previous steroid therapy

VIII



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Triamcinolone LEDERLE
9 alpha-fluoro-16 alpha-hydroxyprednisolone



- a new high in anti-inflammatory effects with lower dosage (averages 1/3 less than prednisone)
- a new low in the collateral hormonal effects associated
  with all previous corticosteroids
  - No sodium or water retention
  - () No potassium loss
  - O No interference with psychic equilibrium
  - O Lower incidence of peptic ulcer and osteoporosis

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# Biological Effects of Aristocort

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particular emphasis

on:

### Kidney function

Animal studies on ARISTOCORT<sup>1</sup> have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

#### Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.1 Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12day period on a dosage of 30 mg. per day.2 Additional balance studies showed actual sodium loss when ARISTOCORT was given in doses of 12 mg. daily.3 Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to ARISTOCORT.4,5 In two series of patients with various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.6, 7

#### Potassium and chlorides

Excretion of potassium or chloride ions did not occur in animals given maintenance doses of ARISTOCORT 25 times that found to be clinically effective. Potassium balance studies in humans 2.3 revealed that negative balance was not observed even on doses somewhat higher than those

employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis who were treated for over 10 months.<sup>6,7</sup>

# Calcium and phosphorus

Phosphate excretion in animals<sup>1</sup> was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies<sup>3</sup> demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only for a short period.

# Protein and nitrogen

#### balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.<sup>3</sup> At dosages two to three times normal maintenance levels,

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The pr during t is not ke positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.<sup>2,3</sup>

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when AMSTOCORT was used in treatment of the nephrotic syndrome.8

# Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to amelionate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.<sup>1</sup>

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet<sup>1</sup> and cottonball<sup>9</sup> tests. It was found to be nine to 10 times more effective than hydrocortisme in this respect.

# Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experi-

mental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection. 10 Clinical studies 11 of patients on aristocort revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

### Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known. <sup>12</sup> The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. It appears to maintain psychic equilibrium without causing cerebral stimulation or depression.

# Bibliography

1. Experimental Therapeutics Section, Lederle Laboratories. To be published. 2. Bunim, J. J., Whedon, G., and Black, R. L.: Personal Communication. 3. Hellman, L., Zumoff, B., Schwartz, M. K., Gallagher, T. F., Berntsen, C. A., and Freyberg, R. H.: Antirheumatic and Metabolic Effects of a New Synthetic Steroid, paper quoted in Bull. Rheumat. Dis. 7: 130, 1957. 4. Spies, T. D.: South. M. J. 50:216 (Feb.) 1957. 4. Spies, T. D.: South. M. J. 50:216 (Feb.) 1957. 5. Freyberg, R. H., Personal Communication. 6. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at the International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 7. Hartung, E. F.: To be published. 8. Hellman, L., Zumoff, B., Kretschmer, N. and Kramer, B.: Personal Communication. 10 Gray, S. J., Ramsey, C. G., Villarreal, R., and Krakauer, L. J.: Edited by H. Selye and G. Heuser in: Fifth Annual Report on Stress, 1955-56. M.D. Publications, Inc., New York, 1956, p. 138. 11. Dubois, E. L.: Personal Communication. 12. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics 19:95, 1957.

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# The Promise of Aristocort in Reduction of Side Effects

It has become axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer they are administered.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are below compared to the reported incidence of those from prednisone and prednisolone.

# Peptic Ulcer

The most recent study available on the incidence of peptic ulceration in patients with rheumatoid arthritis on long-term prednisone therapy reported 12 ulcers in 49 cases (24 per cent).1 Lowest incidence of 6.5 per cent has been recorded in a group of patients on this drug for six to nine months.2 Four of six ulcers, in another series of 39 patients on prednisone,3 appeared in less than three months of therapy.

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (two of the three occurred in patients transferred from prednisone). In the remaining 532 cases recently analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when changed from another steroid.

### Osteoporosis and Compression Fractures

The incidence of compressed fractures of vertebrae is high in patients on prolonged therapy with all pre-vious corticosteroids. One group of 49 patients1 on long-term prednisone treatment experienced nine vertebral fractures (18 per cent); another series of 39 developed eight such fractures (20 per cent),3 four to 15 months after treatment began.

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT, is 0.33 per cent (1 case5). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

# **Euphoria** and Psychosis

The euphoria so commonly produced by corticosteroids has seemed a most desirable attribute to patients. In penalty, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,4 and toxic syndromes producing even convulsions and death.6

Since the onset of these complications is not directly related to duration of steroid administration,7 the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

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#### Sodium Retention — Hypertension — Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema. Sodium and water retention, hypokalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT. 5, 9

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated. 10.11 Except in rare instances, or when unusually high doses are used (e.g., leukemia), edema and hypertension caused by sodium and water retention, has been eliminated with Austrocourt.

#### Minor Side Effects

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hosis with Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids. These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described with corticosteroid thefapy, e.g., headaches, light-headedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on MISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

#### Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis, 12 70 percent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. As a general recommendation, ARISTOCORT can be used in doses two-thirds that of prednisone or prednisolone in rheumatoid arthritis.

Comparative studies indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),<sup>8</sup> and in inflammatory and allergic skin diseases (33-50 per cent).<sup>13</sup>, <sup>14</sup>

#### General Precautions and Contraindications

Administration of ARISTOCORT has resulted in a lower incidence of the major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.

#### Bibliography

1. Bunim, J. J., Black, R. L., and Yielding, K. L.:
Paper presented at International Congress on
Rheumatic Diseases, Toronto, June 25, 1957. 2.
Boland, E. W.: J.A.M.A. 160:613, 1956. 3.
Black, R. L., Yielding, K. L., and Bunim, J. J.;
J. Chronic Dis. 5:751, 1957. 4. Bunim, J. J.: Bull.
New York Acad. Med. 33:461, 1957. 5. Freyberg, R. H., Berntsen, C. A., and Hellman, L.:
Paper presented at International Congress on
Rheumatic Diseases, Toronto, June 25, 1957. 6.
Good, R. A., Vernier, R. L., and Smith, R. T.:
Pediatrics Diseases, Toronto, June 25, 1957. 6.
Good, R. A., Vernier, R. L., and Smith, R. T.:
Pediatrics 19:95, 1957. 7. Goolker, P., and
Schein, J.: Psychosom. Med. 15:589, 1953. 8.
Sherwood, H., and Cooke, R. A.: J. Allergy
28:97, 1957. 9. Hartung, E. F.: Personal Communication. 10. Schroeder, H. A.: J. A.M.A.
162:1362, 1956. 11. Thorn, G. W., Laidlaw, J.
C., and Goldfein, A.: Ciba Found. Coll. on Endocrinology, J. & A. Churchill, Ltd., London, 8:343,
1955. 12. Freeman, H., Bachrach, S., McGilpin,
H. H., and Dorfman, R. I.: Personal Communication.
13. Rein, C. R., Fleischmajer, R., and
Rosenthal, A.: To be published. 14. Shelley, W.
B., and Pillsbury, D. M.: Personal Communi-

# The Promise of Aristocort in Rheumatoid Arthritis

ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

And significant is the fact that most patients were severe arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of side effects had made discontinuance desirable.

#### Results of treatment

Freyberg and associates1 treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. In six patients, ulcers healed while on doses of ARISTOCORT sufficient to control arthritic symp-

Hartung<sup>2</sup> treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

#### Dosage and course of therapy

Initial dosage recommended is 14 to 20 mg. per day—divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This schedule should be continued for two to three days, or until acute manifestations of the disease have subsided.

The maintenance level is arrived at by reduction of the daily dosage in decrements of 2 mg, every three days. Range of maintenance has been found to be from 2 mg, to 15 mg, per day—with only an occasional case requiring as much as 20 mg, per day.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out required activities of normal living or to obtain reasonable comfort. Maintenance dose of anistocort to achieve this end is arrived at while using other established means of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

#### Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman. L.: Paper presented at International Congress of Rheumatic Diseases, Toronto, June 25, 1997. 2. Hartung, E. F.: Paper presented at Florida Andemy of General Practice, St. Petersburg, Florida, Nov. 2, 1957. Brilliant



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## How We Solved Our Surgical Prin

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By Robertson Ward, M.D., and Herbert Kulka, M.D.

One Tuesday morning some years ago, a general practitioner on our hospital staff scheduled an abdominal perineal resection for 8 A.M. Toward mid-morning, a member of our surgical committee looked in on him. Seeing that the patient was still on the operating table, he offered his assistance. The G.P. turned it down.

By chance, the rebuffed surgeon met for luncheon that day with the three other specialists and the one G.P. on our surgical committee, in order to discuss our system

The authors are on the staff of the Hahnemann Hospital in San Francisco. Dr. Ward, who also teaches surgery at the University of California, it a board-certified surgeon; Dr. Kulka is board-certified in OB/Gyn. of awarding surgical privileges. They were well into the main course when the nurse who served as operating-room supervisor burst in on them. She announced that the G.P.'s patient was still on the operating table, and she made plain her fear of the outcome.

Once again, the surgeon went up to offer his services. Once again, he was rebuffed.

Happily, the patient survived. But our hitherto hit-or-

## ica Privileges Problem

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miss surgical privileges system didn't. For the surgical committee quickly voted to put a new system into effect within a year and to announce its intention to the entire staff.

Perhaps you're thinking that because of the circumstances under which the committee made its decision, the privileges of our G.P.s were soon cut to next to nothing. If so, you're wrong. Our staff firmly decided against any program that would severely limit G.P.s' privileges just because they were G.P.s—or grant wide privileges to diplomates just because they were diplomates.

The plan we wanted (and got) awards privileges solely on the basis of a man's ability and experience. This means that the G.P.s on our staff do a number of opera-

# To prevent emotional upsets in cardiovascular conditions

'Compazine', by controlling anxiety and tension, can prevent the emotional upsets that so often play an exacerbating role in cardiovascular conditions. And, 'Compazine' can be depended upon to have little, if any, hypotensive effect.

# Compazine\*



the tranquilizing agent remarkable for its freedom from drowsiness and depressing effect

Available: Tablets, Ampuls, Spansule® sustained release capsules, Syrup and Suppositories.



Smith Kline & French Laboratories, Philadelphia

\*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

102 MEDICAL ECONOMICS · JANUARY 20, 1958

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tions they wouldn't be permitted to do at other institutions. And although we'd never had any real antagonism between G.P.s and specialists, it has assured the virtual absence of the sort of friction so prevalent elsewhere.

The system has stood the test of almost ten years' trial. And besides improving relations between staff G.P.s and specialists, it has helped gain the hospital a reputation as one of the best in the San Francisco area. Those are the reasons why I think you may find our story not only interesting but instructive.

We didn't always have a good reputation. In fact, for a number of years after it opened in 1941, Hahnemann, like many other newly established hospitals, was widely accused of countenancing substandard care—particularly substandard surgical care. Unfortunately, as we've indicated, we were new and we weren't yet functioning as well as a hospital should.

Our staff, you see, was divided into two services, medical and surgical. And most of those on the surgical service had major privileges. The system—if it can



phia



# respiratory congestion orally

An orally administered decongestant has much better distribution to the mucous membranes of the respiratory tract than nasal sprays, drops and inhalants. "This affords opportunity for shrinkage in areas that could not be approached by sprays, drops or actual topical applications."

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The Triaminic form and formulation, described in detail on the following pages, have proved remarkably effective as an oral decongestant.

104 MEDICAL ECONOMICS · JANUARY 20, 1958

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BUTT



# respiratory congestion orally

## relief in minutes...lasts for hours

In the common cold, nasal allergies, sinusitis, and postnasal drip, one timed-release Triaminic tablet brings welcome relief of symptoms in minutes. Running noses stop running, clogged noses openand stay open for 6 to 8 hours. The patient can breathe again.

With topical decongestants, "unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . . " The patient then must reapply the medication and the vicious cycle is repeated resulting in local overtreatment, pathological changes in mailmucosa, and frequently "nose drop addiction."

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent maal pathology.

Merricon, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954. lack double-done "timed-releans" tablet contains:

Phaylpropanolamine hydrochloride . . . . 50 mg. Pyrilamine maleate. . 25 mg. Pimiramine maleate. 25 mg.

for effective decongestant action two antihistamines to combat allergic symptoms without drawsiness

was: I tablet in the morning, afternoon, and in the ming if needed.

Each double-dose "timed-release" tablet keeps nasal passages clear for 6 to 8 hours-provides "aroundthe-clock" freedom from congestion on just three tablets a day



Also available: Triaminic Syrup, for children and those adults who prefer a liquid medication.

# Triaminic "timed-release"







running noses and open stuffed noses orally

HTH-DORSEY - a division of The Wander Company - Lincoln, Nebraska - Peterborough, Canada

MEDICAL ECONOMICS · JANUARY 20, 1958 105

stant.



# respiratory congestion <u>orally</u>

# plus control of cough spasm

- decongestant
- expectorant
- > anti-allergic



Triaminicol is more than a cough syrup. First, because it contains Triaminic, it decongests nasal passages, and exerts its action on all mucous membranes of the respiratory tract—working at the source of cough Then, Triaminicol provides Dormethan, non-narcotic antitussive that acts directly on the cough reflex.

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Fully as effective as codeine, Dormethan is less likely to produce drowsiness or nausea. Its classic expectorant component, ammonium chloride, is well known for its ability to liquefy mucus and aid in the expulsion of exudates from the lungs and traches.

Each 5 ml. teaspoonful provides:

Phenylpropanolamine hydrochloride . 12.5 mg.
Pyrilamine maleate . 6.25 mg.
Pheniramine maleate . 6.25 mg.
Dormethan . 10.0 mg.
Ammonium chloride . 90.0 mg.
ta a deticious, fruit-flavored, non-alcoholic vehicle.
\*\*Perund of dattrometherplan hydrobromide

Dosage: Adults—2 teaspoonfuls 3 or 4 times daily.

Children 6 to 12 years—1 teaspoonful 3 or 4

Children 6 to 12 years—1 teaspoonful 3 c times daily.

Under 6 years—dosage in proportion.

Triaminicol syrup

SMITH-DORSEY . a division of The Wander Company . Lincoln, Nebraska . Peterborough, Canada



# coughing for 6 to 8 hours

# with one "timed-release" tablet

Tussaminic is non-narcotic-the patient simply swallows one timed-release "doubledose" tablet before breakfast to work cough-free all day. Another tablet before dinner lets him relax cough-free all evening. A final tablet at bedtime lets him sleep cough-free all night. Thus, cough relief is measured in hours, not minutes.

Tussaminic is not only valuable for the patient with a coughing cold, but also for the habitual morning hacker. And due to its Triaminic component, associated bronchial and nasal congestion frequently clears.

Each "double-dose" tablet	contains:
Phenylpropanolamine hydro	ochloride 50 mg.
Pheniramine maleate	25 mg.
Pyrilamine maleate	
Dermethan*	20 mg.
Terpin hydrate	
*brand of destromethorphan hy-	
Desage: 1 Tussaminic tabl	et before breakfast,
dinner and at bedtime.	

Tussaminic "timed-release" tablets provide prolonged cough relief. Each tablet contains two full doses of longlasting antitussive, expectorant, antiallergic and decongestant components.



# C "timed-release"

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# SIIP respiratory congestion orally

plus control of pain and fever



Congestion and associated discomforts of the common cold can now be treated orally with a single preparation -Triaminicin. Containing effective amounts of Triaminic for rapid clearing of the bronchial and nasal passages. Triaminicin also provides aspirin, phenacetin and caffeine to control headaches and fever. Triaminicin Tablets are buffered.

In addition, Triaminicin contains vitamin C to help raise resistance1.2.3 to wintertime respiratory conditions.

- Maclood, G., and Sherman, H. C., in Handbook of Nutrition, ed. 2, New York, The Hishiston Company, 1981, p. 254.
   Bredy, H. D.: J. Am. Dietel. A, 29:1588, 1963.
   From, W. B., and Heyl, M. L.: J.A.M. 162:1224, 1984.

Each buffered Triaminicin

Tablet contains: Phenylpropanolamine hydrochloride ...... 25 mg. Pyrilamine maleate . . . . . . 12.5 mg. Pheniramine maleate . . . . . 12.5 mg. Aspirin . . . . . (3% gr.) . . . 225 mg. Phenacetin . . . (2% gr.) . . . 150 mg. Caffeine ..... (% gr.) ... 30 mg. Ascorbic acid ...... 50 mg. Aluminum hydroxide

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Dosage: 1 tablet every 3 to 4 hours.

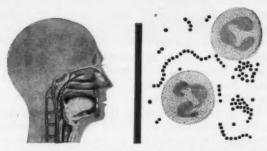
# NEW Triaminicin tablets

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada



# respiratory congestion orally

# plus control of bacterial invaders



With one unique preparation, you can now provide dramatic relief from respiratory congestion, and at the same time protect the patient from secondary bacterial infection. Through the action of Triaminic, its oral decongestant component, nasal patency is often effected within minutes of the first dose; breathing is easy again.

When bacterial invasion threatens, Trisulfaminic offers the wide-spectrum protection of triple sulfas. It is particularly valuable for the "almost well" patient recovering from endemic or epidemic infleunza, and the patient prone to "lingering" or recurrent colds. And in purulent rhinitis, sinusitis and tonsillitis, Trisulfaminic offers a more realistic approach to the total treatment of the patient.

Each tablet or 5 ml. tap. contains:

Bosage: Adults—2 to 4 tablets\* initially, followed by 2 tablets every 4 to 6 hours until the patient has been afebrile for 3 days. Children—8 to 12 years— 2 tab-lets initially followed by 1 tablet every 6 hours. Younger children in proportion.

\*Each 5 ml. top. of Suspension equals 3 tablet.

# NEW Trisulfaminic tablets and suspension

SMITH-DORSEY - a division of The Wander Company - Lincoln, Nebraska - Peterborough, Canada

be called that—had a number of flaws.

We'd never settled the age-old question of what constitutes major, as opposed to minor, surgery. We sometimes assigned privileges to staff members not because of their competence and experience, but because they were well liked, or because they'd had similar privileges in other institutions. A man who had minor privileges could often advance to major privileges more or less automatically, simply by being around a while.

Our staff committees sometimes let problems slide. Our hospital regulations were loosely enforced. Decisions on emergency surgery were left largely in the hands of the lay staff.

In other words, the privilege system at Hahnemann was—to put it mildly—slipshod.

Luckily, we had some major assets, too. Our pathologist, for example, carefully examined all surgical tissue. And our lay staff was eager to improve the hospital's surgical standards. With their support, the surgical committee eventually determined to crack down. But it did nothing definite for several months. Then occurred the incident we

described at the beginning of this article—and the committee was galvanized into action.

At first, the doctors considered compiling a list of 3,000 or more procedures and granting each physician the right to do the ones they thought him capable of handling. But it's hard to fix such exact determinations. It's particularly hard to fix them without seeming to insult certain individuals. So, to achieve the necessary distinctions without carrying them too far, the committee hit on the following plan:

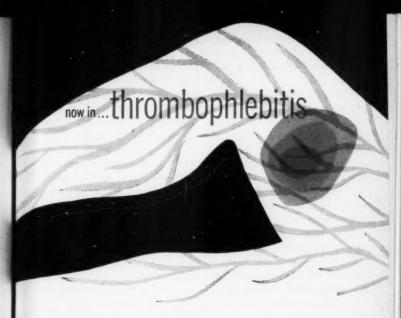
#### **How It Works**

It divided surgery into two broad categories: general and specialty. Within the first classification, it made three subdivisions: general, classified, and limited.

Doctors in the general subdivision were granted the right to do all general procedures.

Doctors with *classified* privileges were allowed to do all but ten highly difficult procedures—e.g., gastric resections, thyroidectomies, cholecystectomies.

Doctors with *limited* privileges were restricted to fortyfour specific procedures—e.g., simple amputations, tracheoto-



'early and marked regression"1

in acute superficial thrombophlebitis

## BUTAZOLIDIN

nonhormonal anti-inflammatory agent

Relieves Pain Rapidly-BUTAZOLIDIN usually produces complete relief of pain with 24 hours or less. 1.2

Resolves Inflammation—Fever subsides and local heat, tenderness and swelling regre quickly. 1.3,4 "In the majority of cases there was complete resolution by the fourth day. Permits Early Ambulation-"As a rule within 24 hours, most patients were able to g up and walk about..." This rapid response to BUTAZOLIDIN greatly reduces disabili and economic loss for patients.

Short Course of Treatment-Most patients require only from 2 to 7 days' therapy. 1.3

BUTAZOLIDIN® (phenylbutazone GEIGY). Red coated tablets of 100 mg. BUTAZOLIDIN Alka Ca sules, each containing BUTAZOLIDIN 100 mg.; aluminum hydraxide 100 mg.; magnesium trisilica 150 mg.; homatropine methylbromide 1.25 mg.

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with it are urged to see for literature before instituting therapy.

Refuencest (1) Stein, I. D.: Circulation 12:833, 1955; (2) Parvin, L.: Bull. Assoc. méd. lang. fronc. Canada 85:9-1956. (3) Sigg. K.: Angiology 8:44, 1957. (4) Elder, H. H. A., and Armstrogg. J. B.: Practitioner 178:479, 19; (5) Broden, F. R.; Collins, C. G., and Sewell, J. W.: J. Louisiann M. Soc. 107:372, 1957.

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As for the other broad category-specialty surgery-its name speaks for itself. The committee thought the privileges of specialists should be decided by their peers. It also thought such decisions had been made at the time the specialists won board certification. So it automatically granted such men the right to do all procedures that normally belong to their specialties.

Once the committee had established the two categories and their subdivisions, it made an important exception to the new system: If a man whose privileges were limited to certain areas could show competence in other fields, he'd be granted additional privileges. For example:

A certain general practitioner was initially granted only limited privileges. But when he showed considerable interest in gynecology and took some advanced work in it, he was permitted to operate in that field, too.

The committee considered such exceptions particularly important. In fact, the entire sys-

#### daily physiologic support for the aging

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ONE TABLET T. I. D.

DECHOLIN TABLETS (DEHYDROCHOLIC ACID, AMES) 334 GR



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## a better drug

The action of aspirin is markedly improved by intermixture with the antacid MAALOX.® This combination is available on physicians' prescriptions as

# Ascriptin



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ARTHRITI



Each tablet contains:

ACETYLSALICYLIC ACID...... 0.30 Gm.

MAALOX...... 0.15 Gm.
(Magnesium aluminum hydroxide gel)

#### Note these advantages:

- 1. Within one hour, more than double the amount of salicylate appears in the blood stream.
- 2. Pain relief is felt twice as fast.
- 3. Gastric disturbance seldom occurs.
- 4. Pain relief lasts appreciably longer.

Prescribe ASCRIPTIN-Rorer for the pains and discomfort of arthritis, rheumatism, colds, grippe, headache, Asian Influenza, muscular aches and pains, etc. Your patients will be grateful.

Offered in bottles of 100 and 500 tablets. Available at prescription pharmacies. Liberal samples promptly on request.

Capsules ASCRIPTIN with Codeine Phosphate 15 mg. also offered.

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MEDICAL ECONOMICS · JANUARY 20, 1958

tem was geared to allow all doctors to do as many procedures as they were capable of. For that reason, quite a few G.P.s were granted classified privileges. (And, as you may have noted, even the men with limited privileges were permitted to do several procedures that G.P.s aren't allowed to handle in hospitals where board training is the sole criterion for surgical privileges.)

You may be surprised to learn that better than 90 per cent of the 150 staff members were easily classified. With the rest, the committee did the best it could. Each man was sent a letter that outlined the system and notified him of his classification. Each was also advised of his right to appeal.

Was the committee deluged with protests? Not at all. Most of the doctors agreed the arrangement was sane and sensible.

A few G.P.s did object to their classification; and in some such cases adjustments were made. The other dissatisfied men were given a hearing at a surgical committee meeting, which some members of the hospital's executive committee also attended.

Each of the G.P.s was given a chance to state his case individu-

ally. But they all said much the same thing. Their argument ran something like this:

"We don't need this new system. A doctor's a doctor. He's the one who can best judge his own capabilities and limitations. Besides, surgery is simple. What is there to cutting out a stomach? And what's so hard about a thyroidectomy? Any one of us could handle it. The new system is an invasion of our liberties."

#### He Changed His Mind

When they'd finished, one member of the executive committee threw up his hands. "Gentlemen," he said, "I didn't really want to go along with the new system. I accepted the idea reluctantly, only because the rest of you thought it necessary. Now I'm convinced, though. It's unbelievable that any doctor would come in here and say a thyroidectomy was simple. If that's the considered opinion of any staff member, we're perfectly correct in limiting the procedures he's permitted to do."

But no ill will resulted. Once they'd been overruled, the disappointed M.D.s went along with the system. And they've since learned that a man's classificahypod

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Why



VIM LAMINEX\* Needles actually last 2 to 4 times longer than ordinary hypodermic needles, without resharpening... without wear or breakage. Reason: VIM® Brand and only VIM uses LAMINEX Stainless Steel with the exclusive longiudinal molecular structure that makes possible "high-carbon" sharpness plus stainless steel flexibility and toughness!

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# Presenting...an advance in the treatment of VAGINITIS

# TRICO

VAGINAL SUPPOSITORIES AND POWDER

 $a \underline{new} specific \\ \underline{moniliacide}$ 

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now added to the <u>established</u> specific

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# FURON

Rapid relief of burning and itching often within 24 hours

85% CLINICAL CURES\* In 219 patients with either trichomonal aginitis, monilial vaginitis, or both, clinical cures were secured in 187.

71% CULTURAL CURES\* 157 patients showed negative culture less at 3 months follow-up examinations.

Eliminates malodor

Esthetically acceptable, non-irritating

imple two-step treatment swiftly brings relief and matrol of vaginal moniliasis and trichomoniasis.

TEP 1 Office administration of TRICOFURON VAGINAL POWDER Micofur 0.5% (anti 5-nitro-2-furaldoxime), the new nitrofuran fungicide, and Furoxone 0.1% in an acidic water-soluble powder base]. Applied by hydrician at least once a week, except during menstruation.

oreasy insufflation: plastic insufflator of 15 Gm., supplied with smitary disposable tips. Also available: glass bottle of 30 Gm.

Continued home use to maintain moniliacidal-trichomonacidal action:

\*\*ROOPURON VAGINAL SUPPOSITORIES\*\*\*

(Micofur 0.375% and Furoxone 25% in a water-miscible base). Employed by the patient each morning and interest the patient week and each night thereafter—through one cycle, especially using the important menstrual days.

or of 12, each hermetically sealed in green foil.

combined results of 12 clinical investigators. Data available on request.

THOPURANS ... a new class of antimicrobials ...

ATON LABORATORIES, NORWICH, NEW YORK

tion is by no means permanent: The surgical committee is always ready to recommend increased privileges for the doctor who takes further training. All he has to do is demonstrate his new talent in the operating room a few times while a senior man stands by.

With the universal acceptance of the plan, the biggest hurdle had been cleared. But we still had to make sure each staff member could actually handle the procedures it was believed he could. So we set up a tissue committee.

At first, the hospital's pathologist and the tissue committee chairman held informal conferences with any doctors who didn't seem to have dealt properly with a case. But that didn't work. Such conferences often degenerated into battles of opinion.

#### No More Stalemates

So we devised what seemed to us a better procedure-and it works fine. Here's how:

Whenever normal tissue is removed or postoperative findings differ from the preoperative diagnosis, the pathologist automatically turns the case over to

the tissue committee. It then examines the case record. If it finds the doctor had good reason for operating as he did, it simply closes the record. But if it can find nothing to justify the doctor's decision to do surgery, it notifies the staff's executive committee.

#### A Chance to Explain

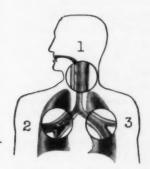
This committee also studies the case. If it shares the tissue committee's doubts, it calls the physician in for questioning. It may then downgrade his privileges or take other disciplinary action.

First, though, it gives the doctor every possible chance to justify himself. Not long ago, for instance, one physician removed ovarian tissue that the pathologist later indicated was normal. The executive committee called the doctor in and asked for an explanation.

He maintained that the ovaries hadn't been normal. As he explained the matter, he'd had the patient under observation for five years. Her symptoms had followed the Stein-Leventhal syndrome: amenorrhea, pain at the time of the menstrual period, obesity, etc. So, said the doctor,

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zamin avail (tripe breaks up cough



how 3-pronged attack of Pyribenzamine Expectorant ovar with Ephedrine breaks up cough by: (1) reducing histamine-induced congestion and irritation throughd had out the respiratory tract; (2) liquefying thick and on for tenacious mucus; (3) relaxing bronchioles. Pyribenzamine Expectorant with Codeine and Ephedrine also enthal available (exempt narcotic). Pyribenzamine\* citrate (tripelennamine citrate CIBA). C I B A Summit, N.J.

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eriod. octor. he'd done a wedge resection for cystic condition of the ovaries. That had made it possible for them to function normally.

The committee members weren't convinced. The operation was one with which they weren't too familiar. Besides, the pathologist had not only said the tissue was normal; he'd also reported finding placental fragments, indicating that the woman might have been pregnant.

None the less, the committee made a careful study of the operation. It also took the tissue to a university pathologist. Interestingly enough, he found it multicystic—a condition the Hahnemann pathologist had failed to report. So he upheld the decision to operate, and the doctor was vindicated.

Thus, the work of our tissue and executive committees has served as an excellent check on the effectiveness of our privilege system. But there's even more telling proof of its worth:

During a recent six-month period, 1,439 surgical procedures were performed. In 1,060 of them, tissue was removed. But in only twelve instances was that tissue normal.

To complement our efforts in

the surgical field, we've also assigned a new task to our medical records committee. That task corresponds to the work of the pathologist in checking up on surgery. When it discovers anything puzzling-as it did recently when a doctor let five days elapse before he visited a diabetic he'd admitted-it forwards the record to the medical and pharmacy committee. That unit, of course, is the medical equivalent of the tissue committee. If it finds no ready explanation for the puzzler, it sends the case to the executive committee.

#### Why They Like It

Our system of awarding privileges and maintaining surgical and medical checks on them has been an important factor in maintaining our accreditation by the Joint Commission on Accreditation of Hospitals. It has improved our local reputation immeasurably. It has kept staff doctors on their toes. It has prevented G.P.-specialist rivalry from cropping up within the hospital walls.

We're well satisfied with it so well satisfied, in fact, that we feel safe in recommending it to hospital staffs everywhere. ENI "I

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## "All I want to do is just sit."

"I always feel down in the dumps, Doctor. Why, I can't even eat."

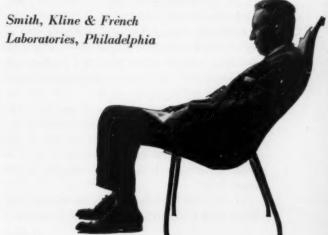
Trophite', a high potency vitamin B<sub>12</sub>-B<sub>1</sub> formula, has been found to be highly effective in patients who describe their vague symptoms in such increasingly familiar terms as: "I'm all worn out"; or, "I don't feel like doing anything—it's even an effort to eat."

The high dosage combination of B<sub>12</sub> and B<sub>1</sub> apparently helps the "run-down" patient in two ways: (1) Because B<sub>12</sub> and B<sub>1</sub> stimulate appetite, "Trophite' increases food intake. (2) It promotes proper utilization of food.

Each delicious teaspoonful (5 cc.), or convenient tablet, supplies 25 mcg. B<sub>12</sub>, 10 mg. B<sub>1</sub>.

# Trophite\* for appetite

high potency combination of  $B_{12}$  and  $B_{1}$ 



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## Do They Walk Ou

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The impatient patient is just about the hardest loss for a physician to accept—but it's one a well-trained aide can prevent. Here's how

By John E. Eichenlaub, M.D.

"There's only one time when I raise hell about lost patients," says a local doctor who heads a well-organized medical group. "That's when they walk out before our doctors see them. I trace every such episode down, and Lord help whoever's at fault!"

Such office walkouts bother most doctors. And a number of men I know have proved they can generally be prevented. Patients seldom leave in a needless huff, say these physicians, if the doctor's receptionist is on the ball. Here's how one physician puts it:

"Sure, you may be called out of the office. Or your appointment book may be fouled up. Anything can happen to slow up your routine. But the girl on the spot should step in. If she can't smooth things over beforehand, she should at least be able to handle any crisis of impatience."

To drive home the fact that it's her responsibility, one aide I know is required to give the doctor a brief written

## alk Out of Your Waiting Room?

report on each waiting-room walkout. In some offices, the girl must register each entering patient and must sign out any who leave without having seen the physician. In others, each new arrival's chart must be laid on the doctor's desk right away, so that he knows whether or not he gets to see the patient.

Once she understands it's her job to keep people from leaving, how does the competent aide minimize restlessness? Well, her best tool isn't a technique that you can teach her. It's spontaneous, personal concern.

If she trains herself to watch for signs of impatience and to be understanding when they arise, she has won half the battle. After all, a warm personality and considerate manner are well-nigh irresistible. Let's listen in, for example, to a conversation between the receptionist of a certain internist team and an obviously restless patient:

"You've been waiting quite a while," says the girl.

"Over an hour!" the patient replies vehemently.

"Dr. Evans has been terribly busy. Let me check and see how much longer it might be. Or would you rather see one of the other men?"

"No, I'll wait a while. Unless it gets too long."

"Isn't there something I can do for you? Have you seen

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New authoritative studies show that Kynex dosage can be reduced even further than that recommended earlier. Now, clinical evidence has established that a single (0.5 Gm.) tablet maintains therapeutic blood levels extending beyond 24 hours. Still more proof that Kynex stands alone in sulfa performance—

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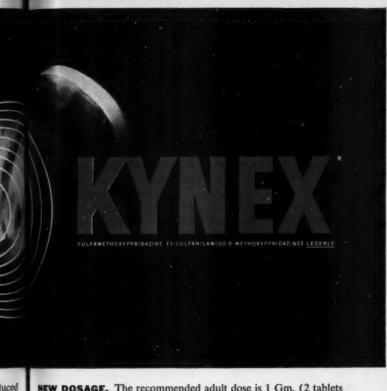
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- Lowest Oral Dose In Sulfa History -0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
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- Effective Antibacterial Range—exceptional effectiveness in urinary tract infections
- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

1. Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.



NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

TABLETS: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

**SYRUP:** Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

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MEDICAL ECONOMICS · JANUARY 20, 1958 125

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this latest issue of Newsweek?" "Oh, thanks. No I haven't seen this one ..."

The patient is mollified. And the aide can chalk up another success for her friendly, helpful concern.

#### **Honesty Pays Off**

Your secretary can get good results with a similar approach. It'll help, too, if you explain to her the value of a businesslike, respectful honesty. You can point out that you have an obligation to the patient to give him your earliest possible attention during office hours; and so he should be kept frankly informed of any delay.

That's the honest price of his waiting time. But it isn't always paid. Recently, one of my patients told me the following story:

"Know why I stopped going to Dr. Langley? One day I asked his girl how many people were ahead of me. 'About six.' she said. So I took off for a quick cup of coffee. And who'd I see in the drugstore, laughing and telling jokes? Dr. Langley."

I happen to know that Dr. Langley takes off no more time than the rest of us. But he sched-

ules long, unbroken hours; and sometimes he ducks out for a few minutes when they start getting him down. I have a hunch his patients would understand this need if his secretary were trained to say something frank at such moments. For example: "Dr. Langley has stepped out of the office, but he'll be back in five minutes."

Honesty almost always pays off. Many doctors instruct their aides to tell patients not merely that there'll be a wait (when this is the case) but also how long the wait's likely to be. If an emergency pushes a patient back on your list, he should have a chance to decide what he'd like to do.

#### Give Them a Choice

One obstetrician's secretary handles the problem especially well when her boss is called out during hours. She goes in order of succession to each person in the room. "The doctor's been called out on an emergency," she says. "He'll probably be gone about half an hour, and he'll let us know if he'll be longer. Would you care to wait, or shall I make another appointment for you?" MORE



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### Novahistine

L P tablets



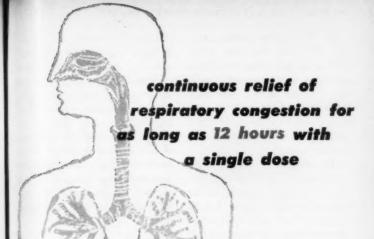
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And easy to use, oral dosage eliminates patient misuse of nose drops, sprays and inhalants . . . is not likely to produce rebound congestion, mucosal damage and ciliary paralysis, nor make the patient "jittery."

Administration: Adults—2 tablets twice daily will provide an adequate therapeutic effect in the average patient. In resistant cases, a third daily dose may be indicated and can be safely given. Children over six—one-half the adult dose.



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DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS & INDIANA

If two or three patients cancel, she shifts her line a bit. "Three of the ladies who were ahead of you have left," she'll say. "If the doctor gets back when he expects, he'll be able to see you very promptly. Or I can make another appointment if you'd rather."

In preventing waiting-room walkouts, the well-schooled aide shows genuine concern for the patient's medical needs. A local surgeon of my acquaintance had an experience the other day that troubled him so much he told me about it:

#### One Man's Loss

"I had a patient walk out yesterday. She and her husband came in without an appointment, so my receptionist said we'd work her in. Fifteen minutes later, the woman mumbled something to her husband about not being able to stand it any longer, and he whisked her out. I learned later that she had a twisted ovarian cyst. I found out about it from the surgeon who took care of it."

He smiled. "Of course, I'm glad the patient got proper care. But that was the result of nothing but plain good luck. And it's

still the other man's case instead of mine. I've told my aide over and over to check for urgent problems. I've warned her to ask about pain or discomfort. Especially with patients who come in unexpectedly, I've told her to find out whether they want me to take a quick look right away. or whether they can comfortably wait their turn. I only hope this incident has shown her the significance of all I've said about this.

#### When They Can't Wait

There are times, naturally, when the patient's medical or personal needs make it impossible to keep him in the office. For example, when he requires urgent care and you yourself aren't available. Or when he has personal business that can't be put off.

Waiting-room walkouts aren't usually emergencies. But a patient who's heading for the door is only seconds away from becoming a long-term source of dissatisfied comment. If your aide recognizes that risk and her own responsibility in regard to it, she'll probably find a way to handle the situation gracefully.

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9:703, June 1957.

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A green salad topped generously with shoestrings of meat and cheese carries its weight in protein. Cottage cheese is especially tasty in a salad or as a spread on dark bread. An egg white whipped into fruit juice makes a frothy flip—and fruit and cheese for dessert give a big protein boost. For variety's sake a frosty glass of beer\* adds zest to any meal as well as protein to the diet.

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## Seven Ways to Get Your Estate Fouled Up

Physicians, like everyone else, sometimes make serious mistakes in leaving their estates to their heirs. Here are cases with a moral

By René A. Wormser, LL.B.

EDITOR'S NOTE: Providing for your heirs can be a tricky business. You may assume your current will does the job just as you want it done. But have you checked the document lately?

The stories on the following pages amount to seven reasons why you ought to review your will right now. Reported here are seven real-life cases in which serious errors nullified or modified the doctors' wishes as expressed in their wills. Except for necessary disguising of names, the stories as presented are authentic in all basic details.

Case #1: Dr. Paul Trapier, a radiologist of Atlanta,

THE AUTHOR, a New York lawyer, is chairman of the advanced estate-planning panels at the New York Practising Law Institute. He has written several books on estate planning. One of them, "Personal Estate Planning in a Changing World," is considered the standard layman's guide to the subject.

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#### HOW TO GET YOUR ESTATE FOULED UP

Ga., owned a good-sized muskrat ranch in Louisiana. Flying there for a visit in the spring of 1954, he and his wife were killed when their plane was struck by lightning.

#### The One-State Will

In his will, Dr. Trapier had named as executor his brother Gerald, a resident of Alabama. And he'd also left the muskrat ranch to him. The rest of the sizable estate was left to the doctor's only daughter.

There were two reasons why Dr. Trapier's wishes for the dis-

position of his estate could be only partly honored.

His brother, as a nonresident of Georgia, was legally disqualified under the state's rules from serving as executor—his interest in the estate wasn't large enough.

Under Louisiana law governing the inheritance of real estate, a one-third interest in the muskrat farm had to pass to the daughter.

Moral: Never assume that another state's laws are the same as yours. Check the provisions of your will to make sure they'll

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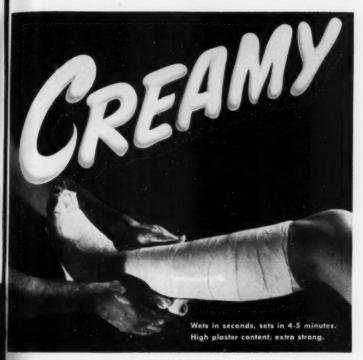
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#### ESTATE PLANNING

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#### The 8-Year-Old Will

Case #2: Back in 1949, Dr. Edward Wilters made his will. In it, he left the bulk of his estate in trust for his two little boys, with his wife to receive the income for life-just enough to support her comfortably. Among his other bequests, he left \$1,000 to the family cook, and a fiveacre North Carolina farm to a favorite nephew.

In 1957, while still a young man, the doctor was killed in an auto accident. The doctor's will was honored—but certainly not his wishes.

Eight years is a long time. Between 1949 and 1957 the following things had happened:

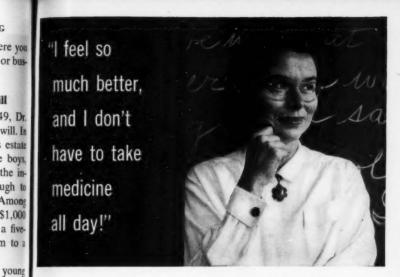
The doctor had been forced to sell the North Carolina farm when a state highway was routed through it. So the nephew, as legatee to property the estate no longer owned, got nothing.

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The family cook had been caught stealing and fired. Just the same, she got the \$1,000 be-

quest.

Mrs. Wilters had become pregnant. Shortly after the doctor's death, she bore his third son. Since this son is unprovided



Case report from this patient's physician:

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#### HOW TO GET YOUR ESTATE FOULED UP

for by the will, under the law of the state involved he's automatically entitled to two-ninths of the estate outright, to be held for him in guardianship until he is 21. From this his mother can receive no income without applying to the court—an expensive and not always successful procedure. Moral: Be sure to review your will every two or three years. Family circumstances change faster than you probably realize.

## The 'Simple' Will

Case #3: Dr. Simon Slake, a highly successful surgeon, made a very simple will: He left everything to his wife. He was sure she



"He says that he's your Florida consultant and that Hialeah is muddy and what would you advise?"

For the complications of Asian flu

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could be depended on to look out for their small daughter's best interests.

He was right. But if the doctor in his will had himself looked out for the child's best interests, she'd have come into a good deal more money than she did. Here's what happened:

When he died, half his \$240,-000 estate was taxed, and half was exempted from taxation by the marital deduction. But later on, when Mrs. Slake died, not only was the previously exempted half of the estate taxed; the previously taxed half was taxed again.

This double taxation could have been avoided quite easily. For instance, Dr. Slake might have left half the estate to his wife and the other half in trust for their child, with Mrs. Slake getting the trust's income for life. The half in trust would have been taxed at his death, but not again at hers-thus saving the daughter about \$30,000.

Moral: Making a will "simple" may save bother, but it can cost your family plenty.

## The Crystal-Ball Will

Case #4: In his last testament, Dr. Roger Caland set up a trust for his family. Considering himself a student of the stock market. he directed that the trust funds be retained in the common stocks in which he'd invested them.

And in the fifteen years since his death, the income designed to be the main support of his wife and their invalid child has shrunk from \$7,500 a year to less than \$1,000.

Here's what happened to some of the companies in which the trust funds had to be invested:

One of the nation's oldest and largest watch companies went bankrupt a few years ago. One of the best-known automobile concerns had four disastrous postwar years, was merged with another company, and is now practically closed down. A huge New England textile firm went into receivership in 1952. A certain railway lost \$764,000 in the first nine months of 1957.

Moral: Never give investment instructions in your will that must be followed no matter what.

## The One-Executor Will

Case #5: Dr. Henry Gladfellow and his sister and two brothers never got along very well. But when the bachelor doctor made his will eight years ago, he

## for normal, healthy, comfortable pregnancies



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dfelothvell. ctor felt strongly enough moved by family loyalty to direct that his good-sized estate be divided equally among them. As executor, he named Dr. Judson Paige, whom the entire family looked up to and trusted, to act without bond.

In 1951, Dr. Gladfellow died. The very next week, Dr. Paige suffered a disabling stroke. Naturally he couldn't serve as executor. Since the will named no alternate executor, it was up to the court to appoint an administrator. And then the trouble began.

Complications arose in this case because it's customary for the court to appoint a close relative of the deceased as administrator—and the Gladfellow family were all suspicious of one another. When the court asked the doctor's elder brother if he'd do the job, the other brother and sister objected.

In view of the family conflict, the court delayed the appointment, hoping they'd stop fighting. Finally, in disgust, it went ahead and arbitrarily appointed the elder brother (who then, as administrator, was required to

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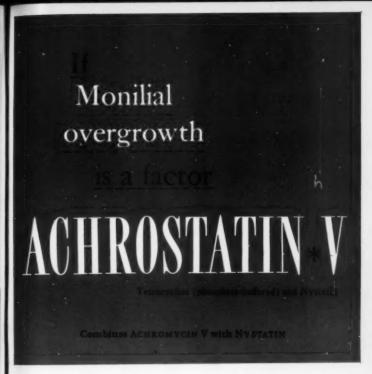
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pense of the estate).

That was in 1952. The settlement is still tangled up in litigation precipitated by the heirs' bad

feeling.

Moral: Be sure to provide for an alternative executor in your will.

#### The Solidified Will

Case #6: Twenty years ago, Dr. Alfred Balte foresaw the westward expansion of his town. So he quietly bought land out that way. Five years later, just before retiring from practice on a comfortable annuity, he sold the land at a \$100,000 profit. Whereupon he decided he had a talent for real-estate speculation.

He looked around for another good opportunity. And in 1944 he saw one. So the doctor put practically every cent he had—\$150,000—into 5,000 acres of sandy, lightly wooded land ten miles south of the county seat. Two years later, he died of a heart attack.

He was a widower. Except for a bequest of \$25,000 to his brother, his will left everything to his son, a not-very-affluent white-collar worker. And the son was named executor. The estate, aside from a modest checking account, a three-year-old car, and

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some well-worn furniture, consisted entirely of those 5,000 acres. The town was by this time clearly expanding away from the property, and it seemed to have been a bad investment, to say

Nevertheless, today it's worth several million dollars—but not to the doctor's son.

## Other Debts to Pay

Dr. Balte had warned his son to hold on to the land. But the young man couldn't. Trouble was, besides that \$25,000 bequest to the brother, the estate owed state and Federal taxes of \$6,500—and there was no cash to pay this with. As executor, the son tried to raise the needed \$31,500 through mortgaging the land. No one would lend him that much on the seemingly poor property.

But after eighteen months, when the brother was threatening a lawsuit to get his money, the son received an unexpected offer through a broker to buy 4,000 acres of the property for \$36,000. He jumped at the chance.

In 1948, the son sold the remaining 1,000 acres to a speculator. His price: \$50,000. In 1955, a syndicate bought the other four-fifths of his father's

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## appetite with DESOXYN

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(Methamphetamine Hydrochforide, Abbott)



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original property for \$2,000,000.

Moral: Don't fail to leave your estate sufficiently liquid to pay obligations at death.

#### The Inflexible Will

Case #7: Some time before he died fifteen years ago, Dr. Rolf Hedges drew up a will in which he provided a large trust fund. The income was to go to his wife for life. At her death it would go to their only son for life. At the son's death, the principal would be divided equally among the doctor's three grandchildren.

When the will was made, the grandchildren were 13, 11, and 9. Now that they're adults, Dr. Hedges must be turning in his grave.

The doctor's wife died a year

after he did. The son today is it poor health. And the doctor would surely not have wanted at equal distribution of his more among the son's children, considering their current status:

One girl is a spinster schoolteacher. The other is married to a millionaire. The grandson ha become an irresponsible playbor.

If the doctor had given his son a "power of appointment" h distribute the principal among his children according to his beg judgment, the money might be reapportioned realistically. But nothing can be done now..

Moral: Don't project you will's provisions too far into the future. Leave your heirs some flexibility for situations no one can foresee.

## Stomach Settler

A mother phoned me that her small daughter had just downed a small overdose of aspirin. I told her to give the child white of egg and warm salt water as emetics, plus some sodium bicarbonate. I asked her to report back as soon as possible on the child's condition.

She did. She advised me the child had swallowed everything prescribed. Had she vomited? No indeed. On the contrary, she'd liked it all so much she was asking for more. And she was feeling fine. -MELVIN M. PICK, M.D.

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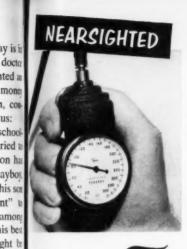
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## The new Tycos Hand Aneroid is ideal at any distance!

Here is a real convenience, especially for doctors who wear bifocals. The gage of the new Tycos Hand Model Aneroid is read easily at any distance -whether close up or at arm's length. This is particularly convenient when examining very sick patients in bed. The new Tycos Hand Model Aneroid incorporates all these valuable features:

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MEDICAL ECONOMICS - JANUARY 20, 1958 149



## Front Man for Federal Health Insurance

This Congressman is plumping for a medicalcare-for-the-aged bill that labor helped him write. And details like cost don't worry him

Just as Congress recessed last year, Representative Aimé J. Forand (D., R.I.) dropped a bill into the hopper. The bill—H.R. 9467—has set doctors' teeth on edge. The reason: It closely resembles Oscar Ewing's 1951 proposal for health insurance as a Social Security benefit for people over 65.

According to A.M.A. President David B. Allman, the financing of medical care for the aged is medicine's number-one problem. Most doctors would probably agree. But they doubtless do *not* see Federal financing as the answer. They'll undoubtedly fight H.R. 9467 with every weapon in their arsenal.

What does the bill's sponsor really think about its chances? To find out, MEDICAL ECONOMICS' Lois R. Chevalier asked some pointed questions in an exclusive interview with Mr. Forand. Here are his answers:

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#### FEDERAL HEALTH INSURANCE

O. I understand that the A.F.L.-C.I.O. people helped to draft H.R. 9467. Is that so?

A. Yes, I had their help, I also consulted with lots of other people. I can't tell you their names, because many are afraid of reprisals if identified.

Q. Did you get any help from

the medical profession through the A.M.A.?

A. It's a waste of time to talk to the A.M.A. They haven't approached me. I haven't approached them.

O. What about the American Hospital Association?

A. They've come out as sup-

## The Gist of the Forand Bill

What is H.R. 9467? As Representative Aimé Forand, its sponsor, makes clear in the accompanying article, its details may be drastically changed before the measure comes to a vote (if it ever does). But essentially, the bill would provide this:

Once a person became eligible for Social Security retirement or survivorship benefits, he would get free hospitalization, including drugs, appliances, and all extras. The Federal Government would also pay his surgeon's bills (but no other doctor bills) under a fee schedule similar to Medicare's. Something over 13,000,000 retired people, widows, dependents, and workers over 65 would be eligible for such benefits if H.R. 9467 were enacted this year.

Hospitals and surgeons would be reimbursed by the Government under a full-service plan with a fixed fee schedule. And the program would be financed by an over-all increase in Social Security taxes.



MEDICAL ECONOMICS · JANUARY 20, 1958 ]

porting the idea in principle, although they're opposed to H.R. 9467 specifically. They'd like to be in favor. Only they fear retaliation. After all, hospital people have to deal with doctors. But even doctors aren't as opposed to this bill as the A.M.A. would have you believe. I've had letters from many doctors who favor it.

Q. How many letters?

A. About seventy-five, I'd estimate.

Q. How many of the doctor came out in favor of your proposal?

A. They're for it eight-to-one. If the A.M.A. would do an honest-to-God survey of its members—one in which the doctor didn't have to reveal his identity—I'm sure the profession wouldn't oppose the bill. Why should it? The



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measure states specifically that there's to be no interference with the doctor or the hospital. After all, it would eliminate a lot of hospital deficits and a lot of bad debts on doctors' books.

Q. How much do you estimate the program would cost?

A. No one knows exactly. But the bill provides for increased funds. The wage earners and employers will pay for it. And that's better than having these old people on relief. The Department of Health, Education, and Welfare will analyze the bill and estimate the costs.

Q. I note that the bill provides payment for a surgeon's services only if he's certified or a Fellow of the College of Surgeons. Why have you included that provision?

A. We knew we'd have opposition from the A.M.A. We thought it might help if we proved to them we're willing to use their own set-up.

Q. I think you'll find there are more noncertified men than certified men in the A.M.A.

A. I'd be perfectly happy to have the bill read "any licensed physician." The noncertified men have a legitimate complaint against the wording as it is.

#### Fee Schedules

Q. I notice that hospitals and surgeons are to accept the payments under the program as payment in full. How would fee schedules be determined?

A. That's something that has to be worked out in the administrative regulations. The Health, Education, and Welfare people will have to draft the rules. Then our committee — the House Ways and Means Committee—will review them, to make sure they aren't contrary to the intent of the law.

Q. Why does the bill provide payments only to surgeons, not to other doctors?

A. It says "... such medical



For

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care as is generally furnished by hospitals as an essential part of hospital care for bed patients..."

#### What's an Internist?

Q. But that doesn't include, for example, the services of an internist.

A. Yes it does. Your interne is part of the hospital set-up.

Q. Oh . . . Well, what about the patients? What does your bill do for the very many old people whose problems and illnesses are not surgical?

A. I admit this bill isn't perfect. I introduced it late in the session last year, so we could have hearings on it and get the bugs out. There have been many suggestions of other things we should cover. By the time we finish with it, it may be an entirely different bill. I don't care how many changes we make, just so we reopen the question of Social Security and get something done about broadening it.

I feel I represent the ordinary people who can't put aside money while they're raising their families. They reach 65, and what do they have? Voluntary insurance can't do the job. At least it hasn't yet. And they've discussed the problem for years.

I don't want to be hasty. Be fore this bill becomes a law, the voluntary health insurance people will have a chance to show what they can do. I'm for then if they can come up with a better plan. But it seems unlikely that they will.

## Never Say Die!

Q. Do you expect the bill to pass this year?

A. It's impossible to say. First we have to have hearings. The Ways and Means Committee, d which I'm a member, is hearing the tax question now. We have 300 people who want to testify on it. That's forty working days right there. Then, too, we have the Reciprocal Trade Agreements Act that expires in June I'm certainly going to press for hearings on H.R. 9467. But I'm not sure we'll have them.

Q. If not, then what will you do?

A. I'll reintroduce the bill in the next Congress. I intend to keep this question alive until something's done about it. And note this: I fully expect to be in the next Congress. I've had this job for twenty years, and I'm thinking of making a career of it.

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# How Well Does Your Aide Answer the Phone?

Does she ask—and answer— the basic questions skillfully? Does she always refer to you by name? Here's how to judge her telephone techniques

By Boyce Morgan

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I'm sure you sometimes wish the telephone had never been invented. But it was invented—and it'll keep ringing as long as you continue to practice. It might almost be said that you'll continue to practice just as long as the phone keeps ringing.

So the trick is to use it skillfully—to reduce its nuisance value to a minimum and take maximum advantage of its time-saving and practice-building possibilities. If you're like most doctors, all this depends on your aide.

A competent doctor can get away with less-than-per-

THE AUTHOR heads a Washington, D.C., firm of business consultants that publishes "Better Business by Telephone," a twice-monthly service devoted entirely to more effective business and professional use of the telephone. This is the first of two articles on the subject.

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for an an annual for the second of the secon

fect telephone manners. But an aide can't. If she lacks tactful telephone techniques, she can alienate some patients and permit others to disrupt office routine. So you'll do well to check up occasionally on how well your girl is handling the instrument.

To begin with, consider that most subtle of all telephone techniques-making a good first impression on the caller. How does your secretary deal with the basic preliminaries of any phone call to your office? To find out, you might check up on the following points:

#### **Identification First**

1. Does she answer the phone with a phrase that identifies both herself and you?

The caller knows exactly where he stands if the first words he hears are: "Dr. Williamson's office-Miss Clark. "Why should the aide give her own name as well as her employer's? Because patients will talk more readily to an identified person than to a nameless "office girl." Which means that if she gives her name, they'll be less likely to insist on talking to you.

And when calls come in from regular patients who are used to dealing with your aide, her immediate identification permits the conversation to start right off. So the procedure saves time all around.

2. Does she always refer to you by name?

Don't let anyone in your office speak to you as "the doctor." Many people find this almost as odd as hearing a woman talk about her husband as "the mister." Remind your employes to speak of you over the telephone as "Dr. Williamson" or "Dr. Whatever." It makes you sound like a human being rather than an impersonal, anonymous medical machine.

Moreover, a good aide takes advantage of every legitimate chance to make her employer's name better known to people in the community. The habitual use of his name during phone conversations is one small way of doing it.

## It Takes Tact

3. Is she careful not to be too abrupt in asking who's calling and why?

Getting even such basic facts as these requires the tactful wording of questions. Realizing this, many corporation presir imermits ht off. ne all

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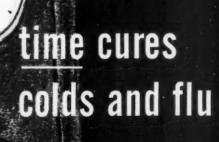
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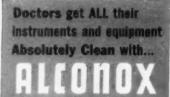
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#### AIDE ON THE PHONE

dents now take their own phone calls, without having them screened by a secretary. Even the presidents who prefer to have their calls screened consider such questions as "Who's calling?" and "What do you want to speak to him about?" a criminal offense.

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#### How to Insult Them

If abrupt questions are becoming taboo in business, they're even more undesirable in the doctor-patient relationship. Suppose, for example, your aide asks who's calling and then says that for some reason you can't take the call. That's enough to make the caller suspect you'd have talked to him if he'd been somebody more important.

Once your patients get to know your girl, many of them will give their names as soon as she answers. But others will always ask to speak to you withou! saying who they are.

In such cases, your aide might say: "I'm sorry, but Dr. Williamson is with a patient." Or "... not free to talk at the moment," if that's the situation. Then she can add: "May I help you?" or "May I take a message for him?"

Don't let her tell people: "Dr. Williamson is busy" or "in con-

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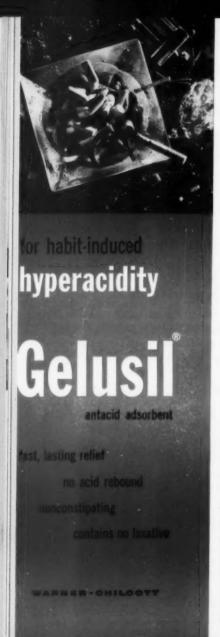
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XUM



#### AIDE ON THE PHONE

ference." Those two old chestnuts don't go over any more. They've been done to death by businessmen.

#### **Approved Phrase**

On the other hand, "in consultation" is fine. The phrase means something definite, and it hasn't yet become a cliché.

Whenever you are free to talk, you may want to take your calls direct. Such availability impresses people more than you probably think. But if you prefer to have all calls screened, your aide will get the best results if she says something like this:

"Yes, Dr. Williamson is here. but I'm not sure he's free to talk May I tell him who's calling, please?"

That way, she has an out if you decide not to take the call. But it's not a transparent out and thus doesn't irritate the caller.

#### **Getting Information**

If you also want your aide to find out the nature of any call, she can often do it best by asking leading questions. For instance: "Was it in regard to an appointment, Mrs. Johnson?" Or "Is it anything I can take care of for you, Mrs. Johnson?"

Occasionally, of course, a caller will refuse to give his

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his tablet is whole day's ulfa dosage



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Edirences: (1) Jackson, G. G., & Grieble, H. G.: Ann. New York Acad. Sc. 69:493, 1957. (2) Jones, W. F., & Finland, M. Ibid. 69:473, 1957. (3) Lepper, M. H.; Simon, A. J., & Marienfeld, C. J.: Ibid. 69:485, 1957. (4) Ross, S.: Ahrens, W.E., & Zaremba, E. A.: Ibid. 69:501, 1957. (5) Walker, W. F., & Hamburger, M.: Ibid. 69:509, 1957.

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name or explain the nature of his call. If such a person insists he must talk to you, the aide can be polite but firm: "I'm sorry, but I'm sure you'll understand why I can't call Dr. Williamson away from a patient without telling him the nature of the call.

If you'll just leave your telephone number with me, I'll be glad to ask him to call you as soon as he's free."

4. Does she use the caller's name with discretion?

Businessmen consider it good public relations to use names



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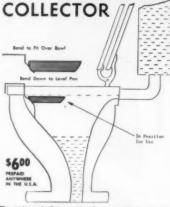


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#### AIDE ON THE PHONE

frequently in office phone calls. But some doctors' aides aren't sufficiently aware that greater discretion is needed in medical offices. Here's an incident that points up the need for reticence:

#### Startling News

A man I'll call Robert Fraser is a prominent citizen in his community, and so is his wife. They have two grown sons. So you can imagine how startled Mrs. Fraser was one day when a friend phoned her and said excitedly:

"Oh, Grace! I can hardly believe it, but it's wonderful news if true. Are you really going to have a baby?"

Mrs. Fraser assured her friend that the rumor was highly exaggerated. Then, out of curiosity, she ran it down. Here's what she learned:

#### **How Rumors Begin**

A few days before, she had phone the city's leading obstetrician about some charity work in which they were both interested. She'd had a short conversation with the doctor's receptionist, who'd used her name a couple of times. The waiting room had been full of patients. One of them, overhearing only snatches of the conversation,

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YIIM

### Letters to a Doctor's Secretary



In this up-to-the-minute volume, MEDI-CAL ECONOMICS has assembled its complete, step-by-step course of instruction for the physician's aide. Sixteen chapters cover such topics as:

Handling patients Telephone technique Medical terminology Office routine

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Oradell, N.J.

Bound between handsome, black laminated covers, with the title stamped in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

	send me "Letter" I enclose \$2.	rs to a	Doctor's	Sec-
11.00	(please	print)		
Street	*******			****

174 MEDICAL ECONOMICS - JANUARY 20, 1958

#### AIDE ON THE PHONE

jumped to the conclusion that Mrs. Fraser was pregnant.

Thus another rumor—though not another baby—was born. In this case, no harm was done. But suppose Mrs. Fraser had been a young, unmarried woman...

Ordinarily, it's an excellent idea for your girl to use the patient's name at least twice during a call. But if you specialize in certain fields of medicine, the mere fact that a prominent person has called you can start tongues wagging. Better be sure in such cases that your aide doesn't use names—that instead she lets the tone of her voice show recognition.

#### **Explaining an Absence**

5. When you aren't in, does she make it apparent that you're not simply neglecting your work?

The head of a medical clinic once put the problem to me in these words: "How can we tactfully explain to telephone callers why doctors aren't in their offices twenty-four hours a day? And how can we persuade patients to leave their names and phone numbers instead of trying to call the doctors at their homes?"

In such situations, it's up to the aide to convince the caller

ORTHO'S

MOST SPERMICIDAL CONTRACEPTIVE



used with a measured-dose applicator for simplicity, esthetic appeal and wider patient acceptance.



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of two things: (1) that though the physician is absent, he's engaged in some important professional duty; and (2) that she, the aide, is in close touch with him.

What words will convey these ideas?

#### 'An Emergency Call'

Well, she might say: "I'm sorry, but Dr. Williamson is out on an emergency call [or at the hospital; or in consultation in another doctor's office; etc.]. But I expect him to call me shortly. May I have your name and phone number, so he can call you back as soon as I give him the message?"

Be sure your aide never says things like "Dr. Williamson hasn't come in yet" (at 9:30 A.M.) or "Dr. Williamson has gone for the day" (at 4:45 P.M.). Such remarks create a mental image of a carefree M.D. who keeps bankers' hours and takes off early for the golf course in defiance of his patients' needs.

When you haven't yet come in or have already left, your secretary can be quite specific in her explanation—but not too speci-

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#### **Husband's Prerogative**

Years ago, I was the only doctor covering a large area of the northwest cattle country. One night I got a message that a homesteader's wife needed me to deliver her first baby. I bounced over cattle trails in my Model T until I found the place, a one-room cabin lighted by a coal-oil lamp. The young wife was in labor, Jess, her husband, was busy feeding cow chips into the box stove.

After a while the woman was delivered, with a moderate laceration. "Jess," I said, "hold the lamp here, will you? I'll have to sew this up."

Jess blinked. Then, with the look of a wild animal, he grabbed his Winchester from the wall and snarled: "I guess, by God, you won't!" -M.D., COLORADO PRODUCT A PRODUCT B PRODUCT C

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"Spreading action" test of Biomydrin and four other nasal preparations. Drops of equal size were placed on graph paper and immediately photographed. Note: Biomy drin spreads and penemates quickly, the other drops, even those with wetting

Ten minutes later, Biomydin shows an absorption area more than twice the size of some of the others.

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# Biomydrin's mucolytic action is the difference! And the difference means better, faster therapeutic action! Biomydrin Nasal Spray makes breathing easier . . . promote more and inchains Biomydrin's program and inchains a program and inchains

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And the difference means better, faster therapeutic action! Biomydrin Nasal Spray makes breathing easier . . . promotes nasal drainage . . . stops sneezing and itching. Biomydrin's unique mucolytic ingredient, Thonzonium bromide, lets all the other active agents get through to the affected mucosa. Patients get the full benefit of antibacterial neomycin and gramicidin, antibistaminic thonzylamine HCl, and decongestant phenylephrine HCl. Safe even for infants.

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NASAL SPRAY

for coryza and allergic or infectious sinusitis and rhinitis



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fic. She can say: "I'm sorry, but Dr. Williamson had to make a call on his way to the office and isn't here yet." Or: "I'm sorry, but I don't believe Dr. Williamson will be able to get back to the office this afternoon."

Most patients realize that

even a physician needs some recreation. But they want him to get it when some other patient needs his services.

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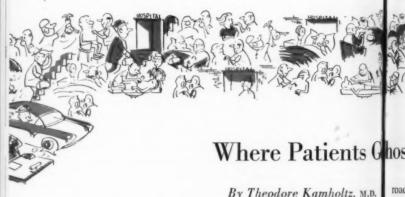
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That's why some doctors don't like their aides to say they're on vacation. If you're sunning yourself in Florida, per-



By Theodore Kamholtz, M.D.

It's a fair bet that every one of your patients has, at one time or another, sought medical advice without benefit of professional consultation. In this game of every-manhis-own-physician, the printed word plays a key role. Particularly the words printed in magazines, advertisements, in home encyclopedias of medicine, and in newspaper health columns.

Let's take a look at these singular offshoots of medical literature. Advertised in pulp magazines like Spicy Rail-

haps the best thing your girl can say is: "Dr. Williamson is out of town until next week, but Dr. Brown is looking after his patients during his absence. If you'd like to see him, I'll be glad to give you his telephone number."

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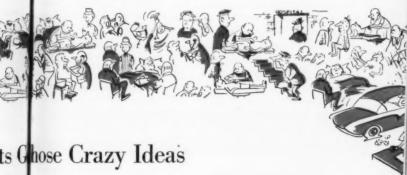
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So much for the techniques of just plain answering any phone call to a doctor's office. In a coming issue of MEDICAL ECONOMics, I'll take up the best ways to get and give other information of a more elaborate nature over the telephone.



road Stories, for example, is a variety of medical books "complete with anatomical charts."

Such books usually claim a degree of authority in the mysterious realm of "feminine hygiene." They're pretty sure to contain the following pair of charts: (a) a completely neuter human outline, with liver, heart, and lungs identified by arrows; (b) the artist's conception of a seven-month gestation. The volumes are skillfully slanted for a reading audience with a mental age of 11 and are mailed in plain wrappers.

At the opposite end of the scale is the book that strives

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to compress the full medicalschool curriculum into a "Handbook of Home Medicine." It has a fairly detailed index. The reader suffering from gastric disturbances has only to look up "Bellyache," refer to pages 92, 192, and 292, then follow the suggested procedures.

On page 92, under "Acute Appendicitis," he finds that the symptoms are abdominal cramps with nausea, occasional vomiting and diarrhea, possibly a lowgrade fever. Advice: Positively do not take a laxative, but call your physician and be operated on at once.

On page 192, under "Gastroenteritis," he reads that the symptoms are abdominal cramps with nausea, occasional vomiting and diarrhea, possibly a lowgrade fever. He should take a laxative and follow a liquid diet.

#### It Could Be Worse

The reader's course of action is clear: He waits to get either better or worse, convinced that a physician could do no more. It's just as well that he doesn't turn to page 292. There, under the symptoms of "Arsenic Poisoning," he could read: "Abdominal cramps with nausea, occasional vomiting and diarrhea...

Still another species of medical literature is designed for those who specialize in being ill with only one disease.

#### **Lofty Thoughts**

These books are of the inspirational variety. They bear such SY titles as "How to Be Happy Though Moribund" and "Making the Best of Brain Fever." They also bear a faint resemblance to their scholarly counterparts in the professional literature-with these two chief differences:

1. The precise scientific terms are replaced by words of two syllables and four different meanings. Thus, "sweetbreads" is used instead of "pancreas"; "ourning" instead of "oxygenation."

2. The straightforward narrative form is replaced by a thing of high drama. This can easily make the story of digestion sound like the fifth act of "Hamlet."

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These books almost always end up with a good old lockerroom pep talk. Are you worried about becoming addicted to morphine? Don't let it concern you make it a virtue and become the best dope addict of them all!

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arly, potent therapy is offered against disabling complications to which the patient may be highly vulnerable, particularly during febrile respiratory epidemics or when questionable are present.

ACHROCIDIN is convenient for you to prescribeasy for the patient to take. Average adult dose: two tablets, or teaspoonfuls of syrup, three or four times daily.

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Phenacetin											120	mg.
Caffeine .												
Salicylamide								2			150	mg.
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Each teaspoonful (5 cc.) contains:

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Phenacetin			8					120	mg.
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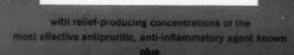
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antibiotic action against secondary bacterial invaders

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Piorner's Ophthalmic Cintment, 0.1%, 3.6 Gm. tubes with ophthalmic tip.

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#### PATIENTS' CRAZY IDEAS

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The author never fails to rattle off a long list of famous people who have been moribund. He tops it off with a case from his own practice: a woman patient, moribund for twenty-seven years, who raised a family of thirteen children and, in her spare time, wrote a six-volume political history of Nadir County.

Perhaps the most peculiar of these long-distance doctor-patient relationships is engendered by the health columns of the daily newspapers. For this type of consultation to be a success, certain conditions must be ful-

A PORTFOLIO OF ARTICLES ON

# Partnership And Group Practice

Here, reprinted, are about a dozen of the most popular articles on this subiect published in MEDICAL ECONOMICS. The portfolio is book size, with a hatherette cover and with the title tumped in gold. Prepaid price: \$2.





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MEDICAL ECONOMICS . JANUARY 20, 1958 183

#### PATIENTS' CRAZY IDEAS

filled: (a) The patient must have an ailment that can wait six months for treatment; and (b) he must read the paper faithfully during that period, so as not to miss the disposition of his case.

Sometimes such patients get tired of waiting and switch to another doctor—perhaps the columnist who attracted their attention via the free pamphlet "You Too Can Have Healthy Pores." And sometimes not enough people write in to the syndicated physician, who then has to dream up three case histories in time for his 9 o'clock deadline.

Perhaps this accounts for the good balance of many of these clinics-in-print: one patient with dandruff, another with migraine, the third with athlete's foot.

Sooner or later, frustration comes to those who try to solve their own medical problems with mirror, thermometer, and the printed word. They're finally forced to admit that the nuances of diagnosis and treatment are dishearteningly subtle. Soon their medical volumes are almost forgotten.

Every now and then, though, the books come in handy for pressing flowers, for building up the short leg of a table, or for testing the know-how of an all-too-human doctor.

what are th differences among tranquilizer ATARAX in any hyperemotive state for childhood behavior disorders 10 mg. tablets—3-6 years, one tab-let t.i.d.; over 6 years, two tablets t.i.d. Syrup—3-6 years, one isp. t.i.d.; over 6 years, two tsp. Lid. for adult tension and anxiety 25 mg. tablets - one tablet q.d. Syrup - one tbsp. q.i.d. for severe emotional disturbances 100 mg. tablets - one tablet Lid for adult sychiatric and emetienal emergencies Parenteral Solution –25-50 m (1-2 cc.) intramuscularly, 5 times daily, at 4-hour intenal Dosage for children under 12 m established. Supplied: Tablets, bottles of 100 Syrup, pint bottles. Parenteral Solu-tion, 10 cc. multiple-dose vials.

Reviews of ataraxic therapy commonly divide the available tranquilizers into three main categories: the rauwolfia derivatives; the phenothiazine compounds; and a smaller group of agents which are lumped together for the sake of convenience rather than because of any common characteristic.

As a result, one significant fact is often overlooked: ATARAX (hydroxyzine) does not fit into any of these three categories. Indeed, by any logical criterion, it belongs in a class by itself.

- ATARAX is chemically unique. It differs from any other tranquilizer now available, not in minor molecular rearrangements but in basic structure.
- 2. ATARAX is therapeutically different. ATARAX is characterized by unique cerebral specificity. On ATARAX, the patient retains full consciousness of incoming stimuli—their nature and their intensity—but his reactions are those of a well-adjusted person. He is neither depressed nor torpid, and his reflexes remain normal, as does cortical function. Thus ATARAX induces a calming peace-of-mind effect without disturbing mental alertness.
- 3. ATARAX is, perhaps, the safest ataraxic known. It is outstandingly well tolerated. Every clinical report confirms this fact.\* After more than 150 million doses, there has not been a single report of toxicity, blood dyscrasia, parkinsonian effect, liver damage, or habituation.
- 4. ATARAX is unusually flexible. This lack of toxicity makes it possible to adjust ATARAX dosage to virtually any patient need. In the lowest range, children respond well to 10 mg, or one teaspoonful of syrup t.i.d., while anxious adults usually are treated with 25 mg, q.i.d. Yet, if needed, the dosage can safely be raised: in more severe disturbances, dosages up to 1,000 mg, daily have been administered without adverse reactions.

In reviewing your own experience with tranquilizers, remember that ATARAX is in a class by itself; that you cannot judge it by your results with any other drug. To get to know ATARAX at first hand, prescribe it for the next four weeks whenever a tranquilizer is indicated. See for yourself how it compares. \*Documentation on request

PEACE OF MIND ATARAX.

(BRAND OF HYDROXYZINE)

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TAKE A LESSON FROMESE

## 14. The Case of

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EDITOR'S NOTE: Here's the fourteenth in a series of true incidents selected from the confidential file of a malpractice insurance company's claims adjuster. Although identifying details have been changed, the stories accurately portray recent happenings.

From a malpractice insurance man's point of view, there are no two ways about it: You can't afford to work with patients when there's alcohol on your breath.

Mind you, I'm no dry. I take a couple of cocktails before dinner every evening. I think doctors, as fellow human beings, are entitled to do the same if they want. They don't need to do without alcohol just because they're doctors. But they do need to do away with any trace of it if they're called out to see a patient.

One man who learned this lesson the hard way is Dr. Phillips Marborough. He's a busy surgeon who gets home every night about 7. To relax, he usually has two predinner cocktails. Mind you, just two—and he mixes them mild.

One night after the cocktail hour, as Dr. Marborough was carving the roast beef, another surgeon telephoned

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from the hospital. Young Mrs. Glover, a Marborough patient there for a G.I. series, had taken a sudden bad turn with an intestinal obstruction. "It's probably a volvulus," said the other surgeon. "We'd better open her up right away."

From the telephone Dr. Marborough went directly to his car. In the glove compartment was a bottle of chlorophyll-peppermint tablets—put there a long time ago for use at times like this. But the doctor had forgotten all about them.

When he reached the hospital, the young woman's husband and parents were pacing the floor. Anxiously, they crowded close to him. He spoke a few reassuring words to them before going in to the patient. They got the cocktail odor.

Yes, the patient did have a volvulus. No surgeon in the world could have helped her. Her death next morning was listed as "anticipated."

But there was no use trying to explain her death to the distraught husband and parents. Why hadn't she been saved? How could it have happened so quickly? To them

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#### THE CASE OF THE COSTLY COCKTAILS

there was a clear answer: The surgeon had been drinking.

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Two weeks later, Dr. Marborough received a summons. The woman's husband was suing him for malpractice.

We settled. This kind of case, we almost have to settle.

Sure, Dr. Marborough was innocent of any real negligence. In fact, he deserved a medal for his efforts. No matter. For even a surgeon who'd had only a couple of mild cocktails could, under the questioning of a shrewd attorney, be made to appear to have been stupefied with alcohol. And to a jury, a "drunken doctor" is like something out of Dante's Inferno.

In this case, Dr. Marborough's two cocktails cost him and his local colleagues \$8,000. They'll be paying for them all year long through higher malpractice insurance premiums. And still some of the doctors blame us insurance men for the higher rates they have to pay! END

#### For \$20 an Hour, Maybe?

The young woman walked into the clinic with two male companions. She told me she'd been sent by the plant down the street for a physical examination. I took her to an examining room and, pointing to a garment on the rack, said: "Please strip down to your waist and put this on."

Her eyes flashed. "I will not!" she said indignantly. "I don't need the job that badly!" And she flounced out.

I followed her to the reception room, where her companions looked up in surprise. "Had the examination already?" asked one.

"No, I haven't," she said. "And I'm not going to. You won't catch me stripping down for \$1.25 an hour!"

-EUGENE SAWCZYN, M.D.

#### anginaphobia

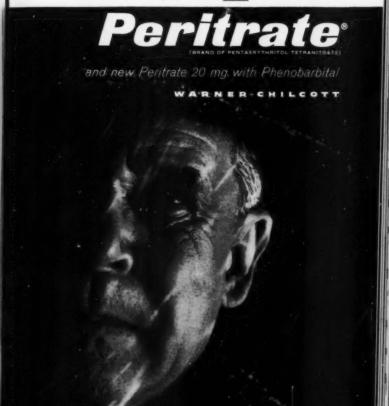
when the temperature falls, fear needn't rise!

The agonizing dread of angina pectoris leads the patient to fear an attack whenever he must step out into bitter cold. Inevitably, anticipation rivals exposure as the precipitating factor.

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- increase exercise tolerance
- improve abnormal EKG patterns Fear in the foreground? For the unduly fearful patient, Peritrate with Phenobarbital creates a more favorable clinical climate for long-range Peritrate prophylaxis.

Usual dosage: 20 mg. of Peritrate before meals and at bedtime





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REFERENCE: (1) Ridolfo, A. S. & Kohlstaedt, K. G., "A simplified method for the rectal instillation of theophylline"—to be published



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(FLEET)

Disposable Rectal Unit

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# How Much Must You Tell Your Patient?

You court trouble, says this lawyer, when you don't disclose all the risks involved in your treatment—even though nobody asks about them

By William M. Kunstler, LL.B.

Just recently a Manhattan surgeon was haled into court on a malpractice charge. He had performed a mastoidectomy on an 8-year-old boy without warning the boy's parents that the operation might result in partial loss of hearing. The parents sued when postoperative tests indicated a substantial hearing loss.

They argued that the doctor's failure to reveal all the risks inherent in the operation amounted to negligence. The doctor maintained he'd had no legal obligation to mention them, since he hadn't been asked about them.

In this case, somewhat surprisingly, the court upheld the physician. The judge stressed the fact that "a doctor

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THE AUTHON. a practicing attorney in New York City, is also a professor of law at the New York Law School and moderator of a weekly radio series, "Counterpoint."

can withhold unrequested information so long as he uses his best judgment and reasonable care." Thus the court put nondisclosure on the same basis as any other professional error: The physician can be held liable only if negligent.

But note that word "surprisingly." Most lawyers would agree that the law in this case was interpreted with unusual leniency. They feel-and so do I- that a full disclosure should be made to the patient whenever the degree of risk is more than that normally run in a similar operation or treatment.

Court decisions in general seem to bear this out. So you can consider the doctor's experience in the case I've just discussed as atypical. For your own protection, I suggest you judge your liability in disclosure-of-risk situations by these principles:

#### Don't Wait to Be Asked

1. If the operation or treatment is extremely risky, the patient must be told of his chances whether or not he asks for such information.

Several years ago, a North Carolina surgeon removed a small piece of metal from a patient's neck. After the operation the patient's left arm was para lyzed. He brought suit againt the doctor, claiming that the latte had told him the operation was simple one. He insisted he would never have undergone surgery he'd been told that paralysis d an arm could result.

#### Why He Kept Quiet

At trial, the surgeon testified he'd known that post-operative paralysis was possible. But h hadn't mentioned the risk for two reasons: (1) He'd felt that the patient would be better off i free from any undue apprehension just prior to surgery; and (2) paralysis was merely one of many remote possibilities inherent in all surgery. He maintained that he saw no reason to elaborate on every potential danger unless the patient asked him to do SO.

The highest court in North Carolina found for the surgeon. It emphasized that though the doctor's silence might have been a mistake from a psychological standpoint, it didn't amount to negligence. But the court did stress the fact that the surgeon would have been legally required to disclose an obvious risk peNEW...

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"If the chance of paralysis was high, the patient should have been so informed, so that he could intelligently weigh risk against benefit."

Many judges, I suspect, would consider the risk of paralysis "high" if it were known to occur as often as once in 1,000 cases. So, for your own safety, you'll do well to take the initiative in warning patients of all possible risks except the most remote ones.

#### When They Ask

2. If the patient asks about risks, he's legally entitled to an accurate answer-and the physician may be liable for nondisclosure of even remote possibilities.

When the patient insists on knowing all the risks he faces, you must without fail reveal them. If you knowingly withhold such information after a specific request, you can be sued successfully for fraud and deceit or assault and battery. Such lawsuits are often harder to defend than those grounded in negligence. What's more, they may not be covered at all by your malpractice insurance policy.

A doctor-client asked me recently how it was possible for the busy physician to find time to educate every inquisitive patient as to all the possible dangers in his particular treatment. My answer:

The law doesn't insist that you give a full-scale lecture to the patient, or even that he be made to understand completely. I simply asks the doctor to do at much as he reasonably can to inform the patient of the risks he's running.

In one case I know of, the physician deliberately withheld requested information because he felt that disclosure would diminish the value of the treatment. He lost the resultant suit. Here's what the judge ruled:

#### A Patient's Right

The right of a person to decide whether or not to undergo a risk to his body is basic. So any doctor who deliberately hides the truth-no matter for what good reasons—does so at his peril.

Some authorities have suggested that a doctor may legally withhold his diagnosis from a patient with a serious or fatal

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\*not a blemish on her

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illness. To my knowledge, no courts have considered this problem directly. But such nondisclosure doesn't involve the concealing of a risk. It's a socalled "therapeutic privilege"which is probably more a matter of conscience than of law.

3. In emergencies, if disclosure of risks is impossible, the doctor can't be held liable for non-disclosure.

Some years ago, an Oklahoma surgeon who was doing an appendectomy found a massive malignancy in his patient's abdomen and removed the growth. Later on, the patient sued him because of a resulting gastrointestinal condition. But the court

ruled that the doctor wasn' fault: The emergency had m disclosure of risk impossible and, therefore, unnecessary.

In the last analysis, you never get into legal trou through reasonable disclosu whether requested or not. O last word of caution, thous Such disclosure should be ma only to the proper person.

In most instances, of cour this is the patient himself. B in two New York cases, docto have been held liable for making their revelations to patients wi legally lacked the capacity understand them-a 13-yea old girl in one instance, a ment incompetent in the other.

#### The Wasted Years

I'm a radiologist. One day when a patient dropped by to pay her bill, her husband came with her. While the woman spoke with my office girl, the man took me aside.

"Say," he asked, "how long did it take you to learn the work you're doing?"

I patiently explained I'd spent four years in college, four more in medical school, one year interning, and then three years as a hospital resident.

"Gosh," said the man. "That's twelve years. You might just as well have become a doctor."

At least he wasn't one of the many people who assume a radiologist fixes radios! -MAX S. SMALL, M.D.

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## 'Fixed Fees Lead To Government Control'

When you permit any outside source to fix your fees, this physician maintains, you're asking for trouble

By James L. Doenges, M.D.

As an independent practitioner, you doubtless abhor the though of Government-controlled medicine. Yet each year more and more doctors accept fixed fees—both in principle and in practice. Since the fixed-fee concept is a keystone of Government medicine, America's physicians are playing right into the hands of those who advocate control.

"America's physicians" means you. I wager that you who are reading this article have already permitted fixed fee schedules to be imposed on you by several outside

THE AUTHOR, a surgeon in Anderson, Ind., is a past president of the Association of American Physicians and Surgeons.



agencies. Why? Why should you be persuaded it's your duty to accept such dictation? Why you rather than the architect or the engineer? Have you ever heard any serious proposals to fix fees for lawyers' services?

Of course you haven't. And you won't. But you'll hear proposal after proposal to regulate every conceivable area of medicine. And it seems to me that too many of us are increasingly ready to accept such regulation.

Because we're so often criticized for "making money," we've taught ourselves to cringe. We're afraid of organized opposition and pressure groups. More and more, we're even afraid to give an honest estimate of the value of our own services. So when confronted with others' estimates, we tend to accept themeven though we don't really believe in them.

But why, you may ask, should the acceptance of some fixed fees be an invitation to full Government control? Don't most of us have a fixed fee system within our own offices?

Of course we do. But remember this: Our fees have generally been arrived at without agreement, consultation, or even any discussion with other physicians.

Your fees may be about the same as your colleagues' for equivalent procedures. But basically they're fees agreed upon by you and your individual patient. They're not set by a third party.

That's where the real danger lies. In itself, a fixed fee schedule is simply a catalogue of procedures with a price stated for each. Fixed fees become dangerous only when they're set for you, not by you.

And they're dangerous no matter what the outside agency is. It may be another doctor or group of doctors. It may be a county, state, or national medical society. It may be a political unit at the local or Federal level. It may be a labor union.

The point is, a third party has assumed a great measure of control over the relationship between you and your patient. And you've accepted it.

As I've said, we've all accepted it in many areas of medicine. Workmen's Compensation laws establish fixed fees. Welfare programs, such as that of the United Mine Workers, require participating physicians to accept fixed fees. So do most contracts be-



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new way of living may be possible for many suspicious, incoherent letly persons, now considered

burdens to themselves and their nilies. Frenquel can terminate nfusion, induce more cooperative invior, and restore the ability care for personal needs.

### INFORMATION

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eally 24 hours or more must elapse beclinical improvement is seen. For emerny treatment or initial therapy, FREN-Lit available for intravenous injection. or FRENQUEL is discontinued, pretreatis symptoms may recur. Its great safety his prolonged maintenance therapy.

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lections: Senile confusion states, postoplive and postpartum confusion, alcoholic printation.

nposition: FRENQUEL (azacyclonol) Hyddoride is alpha-(4-piperidyl) benzhylhydrochloride.

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### FIXED FEES

tween doctors and industries or health insurance plans.

Whenever the Government pays for medical services, the fees are fixed. If you file papers for rendering services under the Medicare program or for hometown treatment of veterans, you are in effect contracting to accept fixed fees. And you're in for legal trouble if your fees should exceed those of the contract.

When we do accept such thirdparty control, most of us would say we do so on one or more of the following grounds:

1. We believe that by accept-



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hypertension, tachycardia, agitation controlled through sympathetic regulation\*



When stress disturbs sympathetic balance...by eliciting increased activity of the sympathetic nervous system...hypertension, tachycardia, agitation and many other symptoms you see in daily practice may result. Through its unique ability to regulate sympathetic function, Serpasil controls these symptoms. In hypertension, sympathetic regulation by Serpasil reduces vasoconstriction, brings blood pressure down slowly and safely; in tachycardia, cardioaccelerator impulses are inhibited, the heart rate is slowed, and cardiac efficiency is enhanced; in emotional agitation and tension, Serpasil exerts a general calming effect by suppressing sympathetic activity in autonomic centers. It is also useful in treating premenstrual tension. menopausal syndrome, and acute and chronic alcoholism. Serpasil (reserpine CIBA) is indeed one of the safest, least toxic, and most effective agents in everyday practice. CIBA

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ion\*

ing standardized fees in some areas we're actually forestalling Government control. (Perhaps we are-but for how long?)

2. We increase our income through guaranteed payments from outside agencies. (Maybe so-but only for the time being!)

We consider our acceptance of any given fixed fee schedule a voluntary action.

The most insidious of the above arguments is the last. Too many doctors assume that no imposition is truly an imposition unless forced on them by law. They forget that when you bow to the force of pressure, you're hardly doing it of your own free will.

## Not Even Other M.D.s

And you're further misled if you believe that when an organization of doctors is the third party fixing your fees, that makes everything all right. It doesn't. Control is control, no matter who exercises it.

Once you permit an outside agency to control part of your practice, you've given an entering wedge to third-party control over all your practice. And no matter who the third party is today or tomorrow, you can be sure it'll be the Government eventually.

## Whenever You're Ready

Government will step in whenever it feels that medical practice is ready for standardization. And when you accept the principle of fixed fees, you're acceptingby implication, at least—the principle that both illness and medical treatment can be standardized. If all doctors charge the same, the public is obviously encouraged to believe that all doctors have equal training and ability.

Once the patient begins to see his physician as a standardized, easily replaceable part of a medical machine, free medicine will have lost its greatest strength: personal individuality. Without individuality, free medicine cannot exist.

I don't say our present acceptance of fixed fees is bound to result in Government control. But I do say that if we continue to permit outside groups to poach on our territory, we'll create a climate that invites Government control.

It's doubtful that such an invitation will be rejected. END New

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liquid pediatric analgesic-antipyretic

# Liquiprin

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- 3 helps calm the feverish, fretful child
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- 5 more rapidly absorbed
- 6 relieves minor aches and pains-reduces fever

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[CONTINUED FROM 91] 'schemes of compulsory donations which are ostensibly voluntary, but which amount to an assessment for continuation of staff appointments.' And the A.M.A. House of Delegates passed it."

"Well, I can see that's bad," my friend agreed. "But some disturbing stories circulate among hospital people, too. I've heard of a campaign in New Jersey where the doctors staged a sitdown strike and the whole drive flopped. How can we avoid coercion and still get the doctors to give?"

"Are you going to give to your campaign?"

"Sure." He looked surprised at the question.

"Why are you going to give?"
"Because the hospital is overcrowded. We've got patients in
the halls. And we've got an inadequate heating plant."

## Tell Them Why

"Do the doctors know about the heating plant?" I asked.

"Well, maybe not. There aren't any icicles hanging off the bedpans. But the trustees know that the present heating system is expensive and inefficient."

"You can't expect the doctors'

full cooperation unless you cooperate with them. Why doesn't your board discuss Riverside's needs with its medical staff? You might discover that a post-anesthesia recovery room is even more essential to the hospital than a new heating plant."

He nodded. "I get it. We ought to bring them in on the planning. But do you really think that's all it takes to get them to shell out \$50,000?"

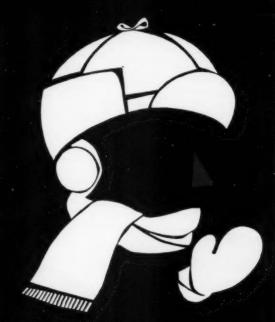
## They'll Make Plans

"Probably not. When your staff agrees the hospital needs half a million dollars, and when you've all agreed about what to spend it on, you can report the fact that staff members usually contribute about 10 per cent of the total. But report it, don't club staff members on the head with it. Then let them figure out where to go from there."

"All fifty of 'em?" He looked at me quizzically.

"No—they'll probably want to form a fund-raising committee of their own. The doctors on the committee will be able to figure out the best way to collect the money. There are several possible ways—and the one they choose will undoubtedly depend

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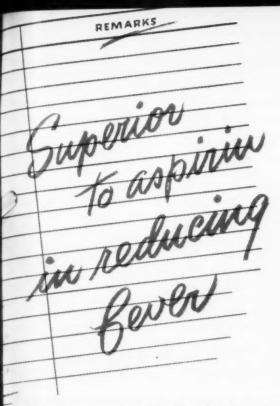
Roberts, J. G. M. Times 84:1232, 1956.

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Brooklyn 6. New York

Division Chas: Pfizer & Co., Inc.

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It has been demonstrated by Brownlee<sup>t</sup> that acetophenetidin (a component of Anacin Tablets) is superior to aspirin in antipyretic activity by a ratio of 5 to 3. Hence, aspirin has only 60% of the fever-reducing activity of acetophenetidin. Anacin Tablets also give a better total effect in analgesia because they not only relieve the pain but also allay nervous tension and depression—leave the patient more relaxed. Well tolerated, Anacin may be taken over an extended period without stomach upset. Why not make Anacin your choice of analgesic-antipyretic? Samples on request.

## ANACIN'

WHITEHALL LABORATORIES, NEW YORK 16, N. Y.

Reference: (1) Brownlee, George: A Comparison of the Antipyretic Activity and Toxicity of Phenacetin and Aspirin, Quarterly J. of Pharmacy and Pharmacology 10:609-620, 1937. on the size and character of the staff.

"It might be enough for the committee simply to announce their own pledges. That's sometimes a good way to set standards. It worked fine at Ellis Hospital in Schenectady, N.Y., for instance: When two staff doctors there made five-figure pledges, they touched off a campaign in which 175 doctors gave \$225,-000.

## **Point System**

"On the other hand, your committee might prefer to set up a point system. I know a hospital in Rahway, N.J., where they worked such a system out to a science:

"Each medical and surgical procedure was rated in points. The clerical staff then added up the points for all procedures done at the hospital during the past year. By dividing the grand total into the amount of money the doctors expected to raise, the committee got a conversion factor. Each doctor was then asked to multiply his own point total by the conversion factor; the result indicated what his contribution should be.

"In Rahway, the plan worked

well because it wasn't imposed on the doctors. *They* devised the plan, and *they* accepted it."

"I get the point," my friend grinned. "We should let our staff members run their own show. And that should guarantee a successful fund-raising campaign."

"Let's not talk about guarantees," I said. "It's always possible to run into problems. For instance, perhaps there are cliques and tensions among the doctors at Riverside. If so, a fund-raising campaign can intensify them."

Then I told him about a Midwestern internist I once met on a plane. This man said he'd recently had to mortgage his house. Why? So he could contribute \$5,500 to his hospital.

"Nobody made him do it," I explained. "But the campaign was the pet project of the ingroup on the staff. The internist wanted to advance in the staff hierarchy. And he'd been led to feel that the best way to do it was to make an unreasonably generous gift."

"Well, there wasn't anything the board could have done about that, was there?"

"Yes, there was," I said firmly. "The board could have made for

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for a lady in a gingerbread house . . .

Many an overweight patient finds the urge to eat between meals irresstible. Were she the lady of a gingerbread house, she'd be roofless in a matter of days.

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## Dexedrine\* Spansule\*

dextro-amphetamine sulfate, S.K.F. sustained release capsules, S.K.F.

Smith Kline & French Laboratories, Philadelphia

\*T.M. Reg. U.S. Pat. Off

MEDICAL ECONOMICS · JANUARY 20, 1958 213

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sure the campaign didn't become the pet project of a ruling clique. The campaign committee should have represented all the staff. I've heard of several similar cases where doctors have harassed other doctors. The board of trustees has got to see that the whole staff gets a fair shake. Remember that most doctors are as eager as you are to see the campaign succeed."

"They should be," he said. "They make their living out of

the hospital."

"But don't let that fact lead you astray," I put in hastily. "Don't fall into the trap of saying that because it's their workshop, they ought to subsidize it."

He raised his eyebrows. "Well, I've heard something of the sort said in board meetings."

## **Bad Point to Stress**

"Attorneys make their living out of the courts. Do they pay extra taxes to patch up the court-house? Of course not. The doctor should contribute to the hospital as any other civic-minded citizen does, in accordance with his means. That's why I personally don't favor the kind of point system they used in Rahway. It places too much emphasis on each

doctor's economic relationship to the hospital.

"If your staff wants to measure the size of its gifts according to use, all right. It's a handy way to do it. But I'd rather see the doctor give \$1,000 because the car dealer and the real estate man in the same income bracket are giving \$1,000."

I got up to go. Then I thought of something else:

## A Few Won't Give

"One last word of warning: Be prepared to accept the fact that a handful of physicians—like a handful of businessmen in your community—aren't going to come across as you believe they should. There are niggardly givers in every segment of society. If you antagonize the whole medical staff because you're diappointed in a few, you may unite all the doctors against the board and the whole campaign."

"Thanks, John," said my friend, as we shook hands. "I'm going to remember what you've told me."

"If you do," I answered, "I'l bet that Riverside's campaign goes over the top—and that no staff doctor blows his top in the process."

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## HYPOTHYROIDISM

a single syndrome with a host of symptoms

Thyroid secretion acts on every system, organ, tissue and cell of the body. It controls the general metabolism; promotes growth and development; affects protein, carbohydrate and fat metabolism; helps regulate water and electrolyte balance: takes an active part in maintaining normal condition and function of the skin and circulatory, digestive, muscular, nervous and reproductive systems. Hypothyroidism (which may range from slight to total deficiency) is manifested by an astounding number and variety of symptoms:

1 Low BMR / Cold extrem Elevated serum choleste pulse rate / Lack Sensitivity | cerweight

2 Dry, falli | ar 3 Somnolence / Chronic fally | Failing memory | Inability to oncentrate / Delayed reflexes / Chronic headache / Irritability / Frank psychosis / Paresthesia 4 Chronic colds 5 Dry. coarse skin 6 Anemia 7 Sodium and water retention / Nonpitting edema / Diminished diuresis / Albuminuria 8 Achlorhydria / Flatulence / Constipation 9 Flabby muscles / Backache / Arthralgia / Myalgia 10 Brittle nails 11 Decreased libido / Infertility / Impotence 12 Amenorrhea / Dysmenorrhea / Menorrhagia / Functional uterine bleeding / Habitual abortion / Sterility / Failure of lactation 13 Stunted growth / Macroglossia / Umbilical hernia / Yellow skin / Delayed dentition / Apathy / Hoarseness / Delayed skeletal maturation / Mental retardation / Delayed sexua

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DEFINITION: SUBCLINICAL HYPOTHYROIDISM (METABOLIC INSUFFICIENCY)—Recently a new name—"metabolic insufficiency"—has been applied to cover such symptoms as fatigue, lassitude, decreased mental alertness, dry skin and hair, brittle nails, inability to lose weight and high cholesterol blood levels. These are the familiar symptoms of subclinical hypothyroidism.

Diagnosis—In the past, BMR has been relied upon as the most accurate measure of thyroid activity: More recently, the determination of PBI, as well as I<sup>131</sup> uptake, has been used successfully by many clinicians. Another new contribution in the field of diagnosis has been the development of triiodothyronine. Thanks to its rapid action (BMR may increase from -41 to +4 within 24 hours) triiodothyronine affords a fast therapeutic test for hypothyroid function. On the other hand, for therapy, thyroid is preferred by most clinicians because of its gradual cumulative action.

PROLOID WHENEVER THYROID IS INDICATED-Since hypothyroidism is often a lifetime deficiency, many patients must take thyroid for the rest of their lives. Long-term treatment necessitates a simple, safe, economical therapy. Proloid (purified thyroglobulin) provides the total thyroid complex. It contains all fractions of thyroid secretion in their natural physiologic ratio. Proloid provides economical and complete substitution therapy. It affects all the parameters of thyroid function and its effect is gradually cumulative rather than precipitous. It is also free of side effects. Because Proloid is doubly assayed, biologically (in test animals) as well as chemically, the clinician is assured of a smooth predictable clinical response.

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WARNER-CHILCOTT

MEDICAL ECONOMICS · JANUARY 20, 1958 217

[CONTINUED FROM 76] eyes snapped. "And medical staffs in some hospitals began to resent having to refer surgical cases to certified surgeons."

"The Fund retaliated by dropping these hospitals from its approved list, didn't it?"

## One State Exploded

"You make it sound rather arbitrary," he replied. "Actually, we tried to negotiate and conciliate in every reasonable way. A lot of good it did us. A little over a year ago, the Pennsylvania Medical Society blew up the whole mechanism for making cooperation work. They declared our much-lauded agreement 'null and void, terminated and ended.' And they did so without giving the Fund any reason for it.

"Since that time, matters have been going from bad to worse in other areas, too. Colorado's state society says any doctor who cooperates with us is unethical. Doctors in Illinois and in some Pennsylvania counties have been asked by their medical societies to send their bills to patients instead of to the Fund. Last June, the A.M.A. came out officially in favor of free choiceafter I'd given notice that the Fund could not accept a policy of undiscriminating free choice."

He shrugged. "So there you are. For nine years, we've tried to get along with organized medicine. Now we've come to a parting of the ways."

"What will you do?" I asked. "What will be the effect of medicine's opposition to your policies?"

"The effect on the Fund? Absolutely none!" snapped Dr. Draper. "A vast majority of the doctors who've worked with us are satisfied. It's only a vociferous minority that creates these tensions."

"But how do you plan to meet the situation from now on?"

## **Doctors Dropped**

"We're already meeting it. To begin with, we've warned doctors that a practice of billing patients instead of the Fund would be 'inconsistent with the continuation of the participating physician relationship.' And here's a letter we've sent out to all Fund beneficiaries."

He handed me a sheet of paper. My eyes lit on the following words:

"Sound administration of the Trust makes mandatory a sharp



## Robitussin A·C

Robitussin with Antihistamine and Codeine

MEDICAL ECONOMICS · JANUARY 20, 1958 219

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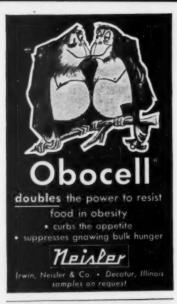
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## 'FREE CHOICE FAILED'

reduction in the number of physicians and hospitals for whose services Trust Fund payments will be made . . . Your Local Union has been given the names of the drastically reduced number of hospitals and doctors in your community for whose services Fund payment will be made . . ."

Dr. Draper pushed another letter across the desk to me. "And this went out to our area administrators in September," he said.

The letter read in part: "You're instructed to inform all physicians and hospitals whose services are not considered essential that payments for their services will be discontinued... not later than October 15, 2957."

## Who's Essential?

"Dr. Draper," I said. "Your term 'not essential' really means 'not cooperative' doesn't it? It means doctors who are following organized medicine's policies in opposition to yours. They are the doctors who are billing patients directly. You're no longer making a stand on the grounds of quality."

"I don't know which doctors are billing patients. I only know doctors who have a relationship with the Fund," he said. MORE

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PETN + OATAHAX

## CARTRAX

links freedom from anginal attacks



with a shelter of tranquility

In pain. Anxious. Fearful. On the road to cardiac invalidism. These are the pathways of angina patients. For fear and pain are inexorably linked in the angina syndrome.

For angina patients—perhaps the next one who enters your office—won't you consider new CARTRAX? This doubly effective therapy combines PETN (pentaerythritol tetranitrate) for lasting vasodilation and ATARAX for peace of mind. Thus CARTRAX relieves not only the anginal pain but reduces the concomitant anxiety.

Dosage and supplied: begin with 1 to 2 yellow Cartrax "10" tablets (10 mg, perry plus 10 mg, atamas) 3 to 4 times daily. When indicated, this may be increased for more optimal effect by switching to pink cartrax "20" tablets (20 mg, perry plus 10 mg, atamas,) For convenience, write "Cartrax 10" or "Cartrax 20." In bottles of 100. Cartrax should be taken 30 to 60 minutes before meals, on a continuous dosage schedule. Use petn preparations with caution in glaucoms.

"Cardiac patients who show significant manifestations of anxiety should receive attractic treatment as part of the therapeutic approach to the cardiac problem."

1. Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. S:1075 (july) 1957.

Ork 17, New Yo

New York 17, New York Division, Chas. Pfizer & Co., Inc.

"How many doctors have been considered 'not essential' recentlv?"

"The number changes every day," the doctor replied. "So far, for instance, we've dropped eleven hospitals and 200 doctors in the Pittsburgh area. That leaves seventeen hospitals and 850 doctors still approved."

"The badle lines are really being drawn, aren't they?"

"You bet they are!" Dr. Draper's eyes snapped again.

"Yet you say a majority of the doctors are satisfied with the Fund. And there's only a small number of doctors with whom the Fund is dissatisfied. But you're forcing all these good men to choose between the Fund -which is a source of income to them-and organized medicine. You're a hard man, Dr. Draper!"

Instead of bridling at my words, he smiled. "Thank you! I've always been afraid I was too easy."

## There's Little Choice

Then he leaned forward and said forcefully: "If we have to decide between free-choice medicine and good-quality medicine, is there any doubt which we should pick?"

"But it's a free country. If a miner wants to choose a doctor you consider incompetent, doesn't he have a right to?"

"Not if the Fund is paying for it. He can choose any doctor he wants. But he can't use the Fund's money to pay for his tragic mistakes. There are people who are convinced that the Hoxsey treatment is effective. I would not certify that payment for it is in the best interests of the beneficiary."

"Dr. Draper," I said, turning to face him squarely, "may I say something quite blunt?"

"Of course. I have no time to bother with superficialities. Go ahead."

## Doctors Aren't Sold

"You make your actions sound very logical. I'm not questioning your sincerity or your logic. But what about your effectiveness? You've introduced the concept of quality into the economics of medical care. But you've failed to sell your concept to the average good doctor.

"He doesn't see any idealism in your efforts. He sees a series of authoritarian directives. Often they seem capricious, mysterious, even sinister. You haven't

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Complications: Hemorrhage Perforation Obstruction Surgery needed	5% 0% 0% 3%	7% 4% 4% 4%	19% 0% 0% 6%	9.5% 0% 0% 0%
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After Cayer, D.: Prolonged anticholinergic therapy of duodenal ulcer, Am. J. Digest. Dis. 1:301 (July) 1966.

\*Reg. U.S. Par. Off. \*\*Tredomerk



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weigh the benefits Tridihexethyl Indide LEDERLE

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for prophylaxis.

ract infections

OTIFEX

YORK

## 'FREE CHOICE HAS FAILED'

given the M.D. on Main Street any way of interpreting what you're doing."

Dr. Draper looked at me steadily. "What you're saying is that I've been stuffy—that I haven't been candid enough?"

"If it's true you're not fighting for economic dominance of medical care in the coal mining areas, but only for the best quality of medicine, you should have been able to rally all good doctors to your cause. But you seem to have goaded the good doctors into feeling they have to side with the poor ones."

"And you're saying I ought to give out detailed public information on medical problems in the coal mining areas?" "How else can you convince them of your point?"

For a moment, I got the impression he was wavering. Then he shook his head. "I can't do it. The only way I could do it was through proper channels—organized medicine. And organized medicine has never told my side of the story."

He got to his feet, and I saw the interview was over. As I prepared to leave, he strolled over to the window. Standing there, he said as if musing:

"I had really retired when they asked me to take on this job... Still, it's stimulating. Most things in life worth having are worth fighting for. A little controversy keeps up your interest." END

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## Either Way, It's Expensive

After an office examination, I told a pregnant patient she could expect twins. She insisted that I be the one to tell her husband, who was waiting in the car outside. Naturally I agreed. So she hurried out to get him.

In a few minutes she returned with her husband. He said: "Doctor, please tell me quickly what the trouble is, because I'm double-parked outside."

I couldn't resist it. I smiled and said: "My friend, you're also double-parked inside."

—M.D., VIRGINIA

when nausea and vomiting bring a plea for help. suggest first aid with. a safe, pleasant-tasting, oral antiemetic ...

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I. Bradley, J. E., et al.: J. Pediat. 38:41, 1951. Z. Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1953.



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Peferences: 1. Altschul, A. and Billow, B.: The clinical use of meprobamate (Millowni). New York J. Med. 57:2361, July 15, 1957. 2. Alwater, J. 8.: The use of anticholinergic agents in peptic ulcer therapy. J. M. A. Georgia 45:421, Oct. 1953. 3. Borrus, J. C.: Stady of effect of Millown (2-methyl-2-n-props)-1.3-propanediol diearbamate) on psychiatric states. J. A. M. A. 157: 1596, April 30, 1953. 4. Cayer, D.: Prolonged anticholinergic, therapy of duodenal ulcer. Am. J. Digest. Dis. 7:301, July 1956. 5. Marquis, D. G., Kedly, E. L. Miller, J. G., Gerard, R.W. and Rapport, A.: Experimental studies of behavioral effects of meprobamate on normal subjects. Ann. New York Acad. Sc. 67:701, May 9, 1957. 6. Phillips, R. E.: Use of meprobamate (Miltownie) for the treatment of emotional disorders. Am. Pract. & Digest Treat. 7:1573, Oct. 1956. 7. Selling, L. S.: A clinical study of Miltownie, a new transpullizing agent. J. Clin. & Exper. Psychopath. 17:7, March 1956. 8. Wolf, B. and Wolff, H. G.: Human Gastire Function, Oxford University Press, New York, 1947.



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## Memo

FROM THE EDITORS

Coming in February Our next two fortnightly issues will reach you on Feb. 3 and Feb. 17. Like the first two, they'll reflect many timely developments that we can't predict much in advance. But we can tell you about a few articles that we think you'll regard as real highlights:

## Is Social Security a Good Buy?

This independent research report makes it completely clear how Social Security compares with private insurance in terms of cost, coverage, exclusions, etc. Use it to crystallize your own thoughts on the No. 1 issue facing the medical profession today

## Doctors Talk Back to the Plaintiff's Attorney

Is medicine above the law? Melvin Belli raised that question in a recent issue. Here's what well-informed M.D.s say in reply. Subjects covered include such things as reluctance to testify, six-figure judgments—and liability lawyers like Mr. Belli

## No Surgery for Tomorrow's G.P.!

Dr. Max Cheplove is training future G.P.s to concentrate on medicine instead. They'll leave surgery to the surgeons—but not much room for internists. The story behind a new trend

## Invest in Missile and Aircraft Stocks?

Ever since the sputnik, investment patterns have been changing. An expert calls the roll of companies that seem to be coming out ahead

## How Many People to Support a Specialist?

Latest estimates of the minimum population it takes to provide enough patients for an internist, a surgeon, an OB man, etc.

## Trouble in the Hospital

How does it get started? How can it be stopped? You'll find new answers in this classic case of friction between hospital governing board and medical staff, now that the full story can be told